**Eastern Partnership - COVID-19 Solidarity Programme**

**APPLICATION FORM**

1. **GENERAL INFORMATION:**
   1. **Applicant Organization**

|  |  |
| --- | --- |
| Legal Name and abbreviation (English and Romanian/Russian): |  |
| Fiscal Code: |  |
| Address (Street, city, State, Post Code, Country): |  |
| Region / city / communities where you work |  |
| Organisation’s Website address (if any) |  |
| Organisation’s Facebook page (if any) |  |
| Targeted group(s): | Youth  People with disabilities  Vulnerable households, including elderly women and and men  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Personnel and volunteers: | 1. Fulltime employees: 2. Part-time employees: 3. Volunteers: |

* 1. **Contact Person**

|  |
| --- |
| Full Name (First and Last Name): |
| Title: |
| Mob: |
| E-mail: |

**2. OVERVIEW OF THE ORGANISATION:**

**2.1 Summary of the organisation. (max. 400 words)**

*Please describe the mission, vision and activities of your organisation*

**2.2 Beneficiaries overview. (max. 400 words)**

*Please describe your beneficiaries, their issues and the way your organisation is providing support*

**2.3 Overview of the implemented projects. (max. 400 words)**

*Please provide summary of main activities, budget, donor, beneficiaries, impact of each project implemented in 2019/2020*

**3. ADVOCACY COMPONENT:**

**3.1 Understanding of the topic and the problem. (max. 500 words)**

*Please describe the topic on which you would like to focus in advocacy. What is the main problem you are focusing/ would like to focus on? How is this problem affecting your beneficiaries?*

**3.2 Advocacy idea. (max. 500 words)**

*Please describe your advocacy idea that can contribute to positive change for beneficiaries (related to the problem described in previous question). Please outline what (policies, practice, funding) needs to be changed and how can advocacy contribute to that change?*

**3.3 Readiness to commit time and energy to develop advocacy capacities and engage in the advocacy activities. (max. 200 words)**

*Please describe your organisational priorities for next 12 months. Will you be able to commit to organisational advocacy strategic planning? Will you/your staff be able to attend trainings on bi-monthly basis?*

## Applicant’s declaration

## By signing this document, I declare that:

1. The information provided in the application is true and accurate.
2. I agree that the presented data can be shared with the participant selection committee within the "COVID-19 Solidarity Programme".
3. I am ready to provide additional information for the purpose of evaluating the application.

Name:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any questions **related to the proposal** can be submitted via e-mail: [concurs.moldova@peopleinneed.cz](mailto:concurs.moldova@peopleinneed.cz)