**Call for Proposals for Fostering Social Cohesion in Multi-ethnic Municipalities**

**APPLICATION CHECKLIST**

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| BEFORE SENDING YOUR APPLICATION, PLEASE CHECK THAT EACH OF THE FOLLOWING DOCUMENTS IS COMPLETED AND ENCLOSED |

|  | **Yes** | **No** |
| --- | --- | --- |
| 1. Completed **Grant** **Application Form** is enclosed in editable Word format and in scanned (signed, stamped by the authorized person) PDF format |  |  |
| 1. Completed Project **Budget Form** is enclosed in editable Excel format and in scanned (signed, stamped by the authorized person) PDF format |  |  |
| 1. Completed **Sources of Funding Budget form** is enclosed in editable Excel format and in scanned (signed, stamped by the authorized person) PDF format |  |  |
| 1. Completed Project **Budget Narrative form** is enclosed in editable Excel format and in scanned (signed, stamped by the authorized person) PDF format |  |  |
| 1. Completed **Log Frame form** is enclosed in editable Excel format and in scanned (signed, stamped by the authorized person) PDF format |  |  |
| 1. **CSO’s Factsheet** form is completed and enclosed |  |  |
| 1. **Statement of the Applicant** is completed and enclosed |  |  |
| 1. **Application Checklist** is completed and enclosed |  |  |
| 1. **CV** **of the person responsible for implementation** (project manager) and **CV of other key members** of team is enclosed |  |  |
| 1. **Pro-forma invoices/bills/offers** supporting realism of proposed budget |  |  |
| 1. Original or certified copy of the  **CSO’s** **legal registration documents** (APR registration document) not older than 3 months enclosed |  |  |
| 1. Certified copy of the **CSO’s Statute** enclosed |  |  |
| 1. Certified copy of the CSO**’s constitutional document** (only if it is not the same document as the Statute) enclosed |  |  |
| 1. **ONLY lead CSO**: Copy of **applicant CSO’s Tax Identification Number certification document** enclosed |  |  |
| 1. **ONLY lead CSO**: Copy of the  **applicant CSO’s accounts for 2016 and 2017** (the profit and loss account and the balance sheet) enclosed |  |  |
| 1. **ONLY lead CSO : Act on appointment** of person(s) authorized to represent applicant CSO, only if authorized representative(s) is (are) not listed in the legal registration document |  |  |
| 1. **ONLY lead CSO: OP Form** – signatures of authorized persons certified by competent authority (original or certified copy) enclosed |  |  |
| 1. **ONLY lead CSO: Copy of ID** of the applicant (and legal representative of the organization if it is not the same person as the applicant) enclosed |  |  |
| 1. IF APPLICABLE: **Partnership Agreement** signed by all legal representatives is enclosed |  |  |
| 1. ONLY IF APPLICABLE:Technical documentation related to infrastructure work |  |  |
| 1. ONLY IF APPLICABLE: Licence for providing social protection services |  |  |