**ACTIVE CITIZENS FUND-NATIONAL and ACTIVE CITIZENS FUND-REGIONAL**

BILATERAL AND REGIONAL INITIATIVE ON COMPETENCES/EXPERIENCE/KNOWLEDGE SHARING

## **Application form**

## **INFORMATION ABOUT THE APPLICANT**

|  |  |
| --- | --- |
| **Name of the Applicant in Polish** |  |
| **Name of the Applicant in English**  |  |
| **Register name and registration number[[1]](#footnote-1)**  |  |
| **Address for correspondence**  |  |
| **Contact person** | **Position in the organization** |  |
| **Name, surname**  |  |
| **Phone no.** |  |
| **E-mail** |  |
| **Organization website and/or FB page address** |  |
| **Have your organization received a grant from the Active Citizens Fund-National (Program Aktywni Obywatele-Fundusz Krajowy)?** | YES | NO |
| **Have your organization received a grant from the Active Citizens Fund-Regional (Program Aktywni Obywatele-Fundusz Regionalny)?** | YES | NO |
| **Please provide a short description of the organization’s goals and main activities*****(max. 700 characters including spaces)*** |  |
| **Where does your organization operate? Do you take actions outside of the city of Warsaw - if so, please describe briefly where.** |  |
| **What is the organization's experience in international cooperation so far?** |  |

**DECLARATION OF COMPLIANCE:**

The Applicant declares that:

* it isregistered with the National Court Register (KRS), entered into the register of ordinary associations or the register of Rural Housewives Circles maintained by the President of the Agency for Restructuring and Modernisation of Agriculture (ARiMR);
* it is independent of local, regional and central authorities, public entities, political parties and for-profit entities;
* it does not seek to generate profit, and – if it pursues business activity – any profit made is allocated to the objects and aims listed in its memorandum of association;
* it acts for the common good, not only to the benefit of its members;
* it acts for the public interest, is driven by democratic values, and respects human rights;
* no application for declaring bankruptcy has been filed against the Applicant, the Applicant is not in liquidation or receivership, has not suspended activity and there are no similar proceedings pending against the Applicant;
* it is not in arrears with public-law payments payable to the Tax Office (US) or Social Insurance Institution (ZUS);
* no governing body member of the Applicant has been convicted of an intentional crime prosecuted by public indictment or a tax offence.

## **INFORMATION ABOUT THE PARTNER(S)[[2]](#footnote-2)**

|  |  |
| --- | --- |
| **Full organization name in relevant language**  |  |
| **Full organization name in English**  |  |
| **Register name and registration number[[3]](#footnote-3)** |  |
| **Country** |  |
| **Address for correspondence**  |  |
| **Contact person** | **Position in the organization** |  |
| **Name, surname** |  |
| **Phone no.** |  |
| **E-mail** |  |
| **Organization website and/or FB page address** |  |
| **Please provide a short description of the organization’s goals and main activities*****(max. 700 characters including spaces)***  |  |
| **What is the organization's experience in international cooperation?** |  |
| **Has the Applicant already cooperated with this partner before - if so, what was the nature of that cooperation?** |  |

## **DESCRIPTION OF THE INITIATIVE**

|  |
| --- |
| **Initiative’s title** |
|  |
| **Duration of the initiative *(in months)* and indicative start date (DD-MM-YYYY)** |
|  |
| **Describe briefly and concisely the initiative - what it is about, what it is expected to achieve, how it will be implemented (e.g. place(s), participants, methods/types of activities).** |
| *Brief description of the initiative (challenges/problem area, target group, etc.)* |
| *Aim(s) of the initiative and expected results for all parties involved* |
| *Activities planned and indicative number of participants* |
| *Division of responsibilities among partners* |
| *Please provide information if you plan to inform the general public about your initiative or if this initiative is more internal and there is no plan for communication activities.* |
| *How many CSOs and from which countries will take part in the activities under this initiative? Name them, please (including the Applicant and the partner(s).* |

|  |
| --- |
| **Describe how this initiative may be beneficial to the future of the Applicant and the partner(s). Do you envision joint projects or further activities within this partnership?** |
|  |

## **DETAILED PLAN OF THE COMPETENCES/EXPERIENCE/KNOWLEDGE/KNOW-HOW SHARING under the initiative**

|  |
| --- |
| **Please describe in details your idea and plan for the competences/experience/knowledge/know-how sharing under initiative - what actions will be undertaken and when, who will be engaged and so on.** |
|  |

## **BUDGET OF THE INITIATIVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EXPENSES(you can insert new budgetary lines, if needed) | UNIT (day, hour, month, etc.) | NUMBER OF UNITS | UNIT PRICE[in EUR] | TOTAL COST [in EUR] |
| Travel costs (tickets, accommodation, per diems etc.)1.2. |  |  |  |  |
| *Notes* |  |
| Remuneration costs (f.i. expert fees, salary compensation for job-shadowing participants etc.)1.2. |  |  |  |  |
| *Notes* |  |
| Other costs (e.g., organization of event/meeting, communication and promotion activities, translation/interpretation etc.) 1.2. |  |  |  |  |
| *Notes* |  |
|  |  |  | TOTAL [in EUR]  |  |

**SIGNATURES:**

**Applicant:**

|  |  |  |
| --- | --- | --- |
| **L***egal representative(s)*  | **Position in organization** |  |
| **Name, surname** |  |
| **Phone no.**  |  |
| **E-mail** |  |
| **Signature** |  |

**Partner:**

The partner declares:

* that it participated in the preparation of the initiative and being familiar with its description presented in the application
* that in case of granting the financial support for the initiative, it will sign a partnership agreement and carry out tasks within the framework of partnership cooperation in the implementation of the initiative.

At the same time, we declare that our declaration of partnership results from a voluntary desire to participate in activities for the common good and it is not profit oriented.

We also declare that we act in the public interest, respect human rights, and observe democratic values in its activities, in particular the common values of respect for human dignity, freedom, democracy, equality, the rule of law, and respect for human rights, including the rights of persons belonging to minorities,

Moreover, we declare that we are familiar with the principles of using, accounting and documenting the initiative.

|  |  |  |
| --- | --- | --- |
| **L***egal representative(s)* | **Position in organization** |  |
| **Name, surname** |  |
| **Phone no.** |  |
| **E-mail** |  |
| **Signature** |  |

1. In case of associations, unions of associations, foundations, social cooperatives, non-profit companies, rural housewives circles (independent agricultural circle) and church legal persons, please provide the National Court Register number. In case of ordinary associations and rural housewives' associations (registered with the Agency for Restructuring and Modernisation of Agriculture), please provide the name of the poviat in which the entity is registered. [↑](#footnote-ref-1)
2. In case of more than one partner - please copy all requested questions from this section and fill in the answers with data regarding additional partners. [↑](#footnote-ref-2)
3. In case of associations, unions of associations, foundations, social cooperatives, non-profit companies, rural housewives circles (independent agricultural circle) and church legal persons, please provide the National Court Register number. In case of ordinary associations and rural housewives' associations (registered with the Agency for Restructuring and Modernisation of Agriculture), please provide the name of the poviat in which the entity is registered. [↑](#footnote-ref-3)