**Project applicant**: <enter name>

<Title of the project>

Financed by the European Commission

Re-grant identification form

for EaP CSF Call for Proposals to EaP CSF National Platforms (Georgian National Platform, Moldovan National Platform, Ukrainian National Platform)

Reference: EAPCSF/SEC006/2025/NP1

Deadline for submission of application: **26 November 2024, 09:00 CET**

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| Title of the action: |  |
| Name of the applicant |  |

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| **Applicant’s contact details for the purpose of this action** |
| Postal address: |  |
| Telephone number:  |  |
| Contact person for this action: |  |
| Contact person’s email: |  |

**Identification of applicant**

|  |
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| **Applicant** |
| **Name** |  |
| **Abbreviation** |  |
| **Registration number** (or equivalent) |  |
| **Official address of registration** |  |
| **Country of registration** |  |
| **Legal status** (e.g., profit-making, NGO or public) |  |
| **Web-site of the organisation** |  |
| **Telephone number** |  |

**Declaration by the applicant**

The applicant, represented by the undersigned, being its authorised signatory, hereby declares that:

* the information provided through this form is true;
* this project proposal is not or has not been submitted for funding to another donor:
* in the elaboration of this project proposal, all necessary measures have been taken to prevent any conflict of interest[[1]](#footnote-1);
* the applicant has the financial capacity and professional competence and qualifications to implement the proposed action;
* the applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s) if any, and is not acting as an intermediary;
* the applicant and the co-applicant(s) are not in any of the situations excluding them from participating in contracts foreseen by the applicable legislation
* the applicant and each co-applicant (if any) are eligible in accordance with the criteria set out in the guidelines for applicants;
* if recommended to be awarded a grant, the applicant and the co-applicant(s), if any accept the contractual conditions as laid down in the standard subgrant contract annexed to the guidelines for applicants.

We acknowledge that if we participate in spite of being in any of the situations for exclusion or if the declarations or information provided prove to be false, we may be subject to rejection from this procedure.

Signed on behalf of the applicant

|  |  |
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| **Name** |  |
| **Signature** |  |
| **Position** |  |
| **Date** |  |

**Personnel**

*Please list the composition of the project team: names of the positions; time percentage of the positions; names of the people in those positions; and positions’ descriptions. Please ensure that position descriptions cover the most essential areas such as membership and internal/statutory processes and regulation; internal and external communication, policy and advocacy; finance; grant administration, etc).*

**Grants received in the last three years[[2]](#footnote-2)**

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| **Name of the applicant:** |  |
| **Name of the project:** |  |

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| **Name of the project** | **Scope** (short description) | **Implementation period** | **Role in the project**(lead beneficiary/partner) | **Budget managed by the applicant** (EUR) | **Donor** |
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1. Conflicts of interest may arise as a result of family, economic, political interests, but also of other affinities or mutual interests [↑](#footnote-ref-1)
2. Please fill-in one table per applicant [↑](#footnote-ref-2)