**Grants to support the community-led activities focused on ensuring the sustainability of HIV / TB responses among KAPs within the transition from the Global Fund’s support to national funding in Republic of Armenia and Republic of Kosovo**

### **Application Form**

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| --- | --- |
| ***Questions*** | ***Responses*** |
| ***General Information*** |
| **Name of organization/ Initiative group** |  |
| *Legal form*  |  |
| *e-mail* |  |
| *Web page* |  |
| *Post address* |  |
| **Name of director of the Organisation according to the registration docs (for the Initiative group - name of leader)**  |  |
| *Contact Phone, e-mail* |  |
| **Name of person, responsible for the coordination of small grant** |  |
| *Contact Phone, e-mail*  |  |
| **Information about Fiscal agent (FA) *(applicable for initiative group only)*** |
| *Name of organisation* |  |
| *Name of director/leader* |  |
| *Contact information (e-mail, phone, address)* |  |
| **Information about organization/ inititiative group**  |
| *Organization registration number (for initiative group this section should be filled by FA)* |  |
| *Organization/initiative group profile (up to 200 words)* |  |
| *Which community/communities organization work with/represent* |  |
| ***Planned activities within the grant programme*** |
| **Please, briefly describe the problem you want to address with this funding in the context of reinforsing the country’s willingnes / readiness / ability for transition of HIV/TB response among KAPs from Global Fund‘s support to national funding.** |  |
| **Please state the main aim of this grant**  |  |
| **What are the main objectives of this grant**  |  |
| **For each of the stated objectives – please describe the activities need to be implemented with support of this grant**  |  |
| **Please describe the expected results and project impact** |  |
| **Which key and vulnerable population communities will benefit from the activities under this grant?** |  |
| **Please list the partner organizations with whom the content of this request was coordinated**. **Was this request coordinated with the CCM and/or the Principal Recipient of Global Fund grants in country?** |  |
| ***Financial Management, Organizational capacity******(for the Initiative group this section should be completed by FA)*** |
| **Please provide summary information, answer the questions below:*** *Do you have an accountant, financial manager?*
* *Do you have an accountant system? Provide the title.*
* *Do you have an experience in implementing grants over the past three years? (please provide name of donor and grant amount in USD)*
 |  |
| **Please confirm that there are no any restrictions in receiving funds from EU to the bank account in USD** |  |
| **Please confirm that proposed activities will start on time and there are no any restrictions in national legislation which can influence timeframe of the project or project realization itself (such as state registration of the grant funds, etc.)** |  |
| **Please provide summary budget in USD.** Budget limit – 6 500 USD. Please complete the Budget Form in Excel. Before completing this Form – please read the instruction provided in the same file.   |
| **Annex 1 – organization registration document**  | Yes/no |
| **Date** |  |
| **Name and surname**  |  |

**!!! Please, note that EHRA will sign an agreement with legally registered organisation only. EHRA will not be able to provide funds to individuals.**