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| \\MFADIR.NO\Data\Userdata\OSL\Media\ceh\Pictures\Utenriksdepartementet_Niva2_Engelsk.jpg | Application for grants from the   Ministry of Foreign Affairs S02 - Application for small scale grants | |
| Ministry of Foreign Affairs  Postbox 8114 Dep  N-0032 Oslo | | The application and attachments should be sent to [post@mfa.no](mailto:post@mfa.no) with a copy to the unit responsible for the grant scheme. For more information see [regjeringen.no](https://www.regjeringen.no/no/dep/ud/tilskuddsmidler/skjemaer/id612525/) |
| **Read this first**   * The budget and results framework should be attached to the application. * In principle, all the information asked for in the application form should be filled in. If any questions are not relevant, this should be explained. * Instructions and questions that may be relevant are provided in the comments. | | |

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| **Key information** |
| Name of applicant (and abbreviation) |
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| Name of applicant (and abbreviation) |
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| Grant scheme |
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| Unit responsible for the grant scheme (in the Ministry or at a mission abroad) |
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| Total amount applied for (in NOK)  Year 1  Year 2  Year 3 |
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| **PART I: GENERAL INFORMATION ABOUT THE APPLICANT** | | | | | |
| **1. Contact information, applicant** | | | | | |
| 1.1 Postal address | | | | | |
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| 1.2 Telephone no. | 1.3 Email address | | | | |
|  |  | | | | |
| 1.4 Website | | | | | |
|  | | | | | |
| 1.5 Contact person, name and title | | | | | |
|  | | | | | |
| 1.6 Contact person, email address | | | 1.7 Contact person, telephone no. | | |
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| **2. About the applicant** | | | | | |
| 2.1 Type of organisation (enter a cross in one box per line) | | | | | |
| Governmental/public | Non-governmental, specify: | | | | Multilateral |
| Norwegian, org. no.: | | Non-Norwegian, org. no. if relevant: | | | |
| 2.2 Brief description of applicant | | | | | |
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| 2.3 Brief description of applicant’s routines for procurement, anti-corruption work and internal control | | | | | |
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| 2.4 Information about the auditor | | | | | |
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| 2.5 Has the applicant previously received support from the Ministry, a mission abroad, Norad or FK Norway?  No Yes If yes, give details: | | | | | |
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| **3. Bank details** | | | | | |
| 3.1 Name and address of the bank | | | | | |
|  | | | | | |
| 3.2 Name of the account holder | | | | | |
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| 3.3 Account number/IBAN number | | 3.4 Swift-code | | 3.5 Currency of the account | |
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| **PART II: THE PROJECT/PROGRAMME** | |
| **4. General information about the project/programme** | |
| 4.1 Where will the project/programme be implemented (area/country)? | |
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| 4.2 Project/programme duration (mm.yyyy–mm.yyyy) | |
|  | |
| 4.3 Sector/field | |
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| 4.4 Is the application for additional support for a project/programme that is already receiving or has already received support? | |
| No | Yes, agreement no.: |
| 4.5 If yes, give a brief description of the results achieved so far and status for the project that has previously received support | |
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| **5. Applicant’s competence and capacity to carry out the project/programme** | |
| 5.1 The applicant’s experience with the thematic and geographical area of the project/programme and other relevant experience | |
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| **6. Description of the project/programme and anticipated results** | |
| 6.1 Describe the project’s main activities, main objectives and target group | |
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| 6.2 Description of the project/programme | |
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| **7. Risk, cross-cutting issues and sustainability** | |
| 7.1. Assess what risks could affect goal achievement. Also describe the risks that could have a negative impact on cross-cutting issues (human rights, women’s rights and gender equality, climate and the environment, and anti-corruption) | |
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| 7.2. Describe the sustainability, local ownership and exit strategy of the project/programme | |
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| **8. Budget and financing plan** | |
| 8.1. Comments to the attached budget | |
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| **9. Additional information** | |
| 9.1 Any additional information of relevance for the application | |
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| **DEL III: VEDLEGG** |
| Number \_\_\_ **Budget (mandatory)**  Number \_\_\_ Results framework  Number \_\_\_ Implementation/activity plan  Number \_\_\_ Theory of change  Number \_\_\_ Documentation of bank details  Number \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Date and signature

I confirm that I am authorised to enter into legally binding agreements on behalf of the applicant, and I confirm that to the best of my judgement the information in this application is correct.

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Place and date Name, title and signature