|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION FORM | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
| PROJECT SUMMARY | | | | | | | | | | | | | | | | | | |
| Title of project | | | | |  | | | | | | | | | | | | | |
| Project duration | | | | | From: | | YYYY.MM.DD | | | | | | To: | | YYYY.MM.DD | | | |
| Targeted CBSS priority area(s) | | | | |  | | | | | | | | | | | | | |
| Short summary of the project (1,000 characters) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
| IDENTIFICATION FORM | | | | | | | | | | | | | | | | | | |
| Legal name of Lead beneficiary | | | | |  | | | | | | | | | | | | | |
| Department/unit | | | | |  | | | | | | | | | | | | | |
| Contact details of project coordinator | | | | | Name, surname:  E-mail address:  Phone number: | | | | | | | | | | | | | |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
| Address | | | | | Postal address:  Zip:  City:  Country: | | | | | | | | | | | | | |
|  |  | | | |  | |  | |  | |  | | |  | |  | |  |
| Banking details | | | | | Name and address of the bank | | | | | |  | | | | | | | |
| Bank account no./ I.B.A.N | | | | | |  | | | | | | | |
| BIC / SWIFT | | | | | |  | | | | | | | |
| Bank account holder | | | | | |  | | | | | | | |
| Payment reference | | | | | |  | | | | | | | |
|  |  | | | |  | |  | |  | |  | | |  | |  | |  |
| **Total amount requested from CBSS Project Support Facility** | | | | | | | | | | | | | |  | | **EURO:** | | |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
|  |  | | | |  | |  | |  | | |  | |  | |  | |  |
| BENEFICIARIES | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | |  | |  | |  | | | |  | | |  | |
|  | |  |  |  | |  | |  | |  | | | |  | | | Country | |
| Legal name of Lead beneficiary | |  | | | | | | | | | | | | | | |  | |
|  | |  |  |  | |  | |  | |  | | | |  | | |  | |
|  | |  |  |  | |  | |  | |  | | | |  | | |  | |
| Co-beneficiary | | Legal name and address of Co-beneficiary | | | | | | | | | | | | | | | Country | |
| Co-beneficiary 1 | | Legal Name:  Address: | | | | | | | | | | | | | | |  | |
| Co-beneficiary 2 | | Legal Name:  Address: | | | | | | | | | | | | | | |  | |
| Co-beneficiary 3 | | Legal Name:  Address: | | | | | | | | | | | | | | |  | |

## PROJECT DESCRIPTION

1. **Background and aim of the project (9,000 characters)**

Please describe the origin of the project idea, its relevance to the CBSS main priorities, as well as the project´s main aim.

|  |
| --- |
|  |

1. **Formulation of challenges addressed, objectives and targets (9,000 characters)**

|  |
| --- |
|  |

1. **Activity schedule /project description (9,000 characters)**

|  |
| --- |
|  |

1. **Partnership constellation: What roles will different partners take in the project and why were they chosen for the partnership? (9,000 characters)**

|  |
| --- |
|  |

1. **Planned communication measures to ensure visibility of the project, as well as viability of project results (9,000 characters)**

|  |
| --- |
|  |

1. **Project results and sustainability/durability (9,000 characters)**

|  |
| --- |
|  |

1. **Potential risks analysis and how you will deal with them (9,000 characters)**

|  |
| --- |
|  |

1. **Project budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eligible cost categories** | **€** | **Financing Plan** | **€** | **% of eligible costs** |
| Personnel costs |  | CBSS PSF funding |  |  |
| Travel and subsistence costs |  | Contribution of the Lead beneficiary |  |  |
| Sub-contracting costs |  | Contribution of the CO- beneficiary |  |  |
| Other direct costs |  | Other sources of funding |  |  |
| Administration/overhead |  |  |  |  |
| **TOTAL ELIGIBLE COSTS** |  | **TOTAL FUNDING** |  |  |

SPECIFICATION OF COST ITEMS

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel** | | | | | | | | | | | |
| Category/Name of person | | Function in the project | Annual gross salary plus social charges | | Annual number of working days | | Daily rate | | Number of working days assigned to the project | | Total costs |
|  | |  |  | |  | |  | |  | |  |
| **Travel and subsistence** | | | | | | | | | | | |
| Journey from-to  (per partner) | Reasons for travel | | | Number of people travelling | | Travel costs | | Subsistence costs | | Total costs | |
|  |  | | |  | |  | |  | |  | |
| **Sub-contracting** | | | | | | | | | | | |
| Description of service subcontracted | | | | | | | | | | | Total costs |
|  | | | | | | | | | | |  |
| **Other direct costs** | | | | | | | | | | | |
| Description | | | | | | | | | | | Total costs |
|  | | | | | | | | | | |  |

|  |  |
| --- | --- |
| **Signature of Lead beneficiary** | |
| Name: | Date: |
| Signature: | |

## **Check-list before submitting the application**

Please ensure the following requirements have been fulfilled.

(All check-list boxes must be marked with “**V**“ or explanation document(s) needs to be provided together with the application form).

|  |  |
| --- | --- |
|  | |
|  | All of the questions in the application have been answered. |
|  | The budget sheet has been filled in and is enclosed. |
|  | A copy of the Lead beneficiary organisation’s most recent Annual Report with the accompanying Audit Report is enclosed. |
|  | The partners agree on the content of this application and it has been written together. |
|  | The person authorized to sign for the applicant organisation has approved the content of the application. |
|  | CVs of project coordinator and key persons are enclosed. |

GUIDELINES

Risk analysis – is concerned with the assessment of the risks and uncertainties that threaten a project

Sustainability – capacity of the project to continue after PSF funding has ceased