**Small grants for the advocacy of “Harm Reduction 2.0.”**

### **APPLICATION FORM**

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| ***Questions*** | ***Replies*** |
| ***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 in the small grant programme*** |
| **Choose ONE of the thematic priorities your small grant will be focused on:*** **Drug checking;**
* **Safe consumption rooms;**
* **Women and safer spaces;**
* **Peer to peer involvement;**
* **Nasal Naloxone.**
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| **Problem statement: why you are choosing above mentioned thematic priority?** |  |
| **Is there any evidence-based information, that such a harm reduction service is needed in your country? If yes, please, give links to documents, reports, etc.** |  |
| **Goal of the small grant** |  |
| **Objectives of the small grant** |  |
| **Small grant brief description and key activities with justification why these activities will help to realize small grant’s goal and objectives** |  |
| **Target audiences**  |  |
| **Territory of the small grant *(whole country, city, region)*** |  |
| **Are you planning to engage partners into the small grant realization from other communities and external stakeholders?** |  |
| ***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)*
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| **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 – 4300 USD** | Provide a lumpsumm for necessary cost input (chose applicable points):1. Management costs (salary, administration costs, office related costs, etc.)
2. Consultancy fee
3. Travel related costs (travel, accommodation, etc.)
4. Meeting related costs (rent of venue, meals, travel, accommodation)
5. Communication costs (printing, video, promo materials)
6. Other costs (please provide summary description)
 |
| **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.**