**NATIONAL/LOCAL BUDGET ANALYSIS OF HEALTH AND SOCIAL SERVICES**

**FOR KEY POPULATIONS**

**2020 Grants Tender**

### **APPLICATION FORM**

|  |  |
| --- | --- |
| ***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 non-registered initiative group - name of leader)** |  |
| *Contact phone, e-mail* |  |
| **Name of person, responsible for project realization** |  |
| *Contact phone, e-mail* |  |
| **Information about financial agent (FA) *(applicable for the non-registered initiative group only)*** | |
| *Name of organisation* |  |
| *Name of director/leader* |  |
| *Contact information (e-mail, phone, address)* |  |
| **Organization registration number *(for the non-registered initiative group this section should be filled by FA)*** |  |
| **Organization/initiative group profile: mission, target audiences, goals, objectives, achievements *(up to 200 words)*** |  |
| **Experience in budget advocacy – *please describe how your organization and/or organization staff have been/are engaged into budget advocacy – participation in trainings/seminars/workshops; your own budget advocacy initiatives; applying for budget funding; etc. (up to 300 words)*** |  |
| ***Application Content Information*** | |
| **Key population group/groups under planned budget analysis** |  |
| **Problem statement – *please describe the problem which your project is aimed to address. Problem should be focused on 3 key aspects:***  **- access to detailed data of planned and executed health and social budgets for key populations chosen for analysis;**  **- specific budget lines for planning and execution of the budget for health and social services for key populations chosen for analysis;**  **- execution of budgets for health and social services for key populations chosen for analysis.**  ***(up to 300 words)*** |  |
| **Goal of the project *(one sentence)*** |  |
| **Objectives of the project** | 1.  2.  3.  … |
| **Brief project activities narrative description with justification why these activities will help to realize project’s goal and objectives *(up to 300 words).***  **Brief project activities should include among others the description of approaches to budgets analysis, hipotesis about findings and opportunities to use gained information to create advocacy roadmap, for addressing identified funding gaps and challenges in ensuring sustaianability of services for key popualtions, identified within the budget analysis.** |  |
| **Territory of the project realization *(whole country, city, region)*** |  |
| **Partners engaged into the project realization from other communities, NGOs and external stakeholders (government officials, budget monitoring organizations, experts)** |  |
| **Terms of project realization per each objective** |  |
| **Please confirm the readiness to submit the case study on the analysis conducted and lessons learnt within the project realization by the project end** |  |
| ***Financial Management, Organizational capacity******(for the non-registered 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 Lithuania 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 – 7,000 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 I – organization registration document** | Yes/no |
| **Annex II – Memorandum of understanding between non-registered initiative groups and financial agent** | Yes/no (only for non-registered initiative groups) |
| **Date** |  |
| **Name and signature** |  |

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