**APPLICATION FORM**

**Grants within the project**

**“Access to comprehesinve care for women who use drugs in case of violence”**

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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**  |  |
| *Contact Phone, e-mail* |  |
| **Name of person, responsible for grant implementation** |  |
| *Contact Phone, e-mail*  |  |
| **Information about organization** |
| **Organization registration number**  |  |
| **Organization profile *(up to 200 words)*** |  |
| **Which community/communities organization works with/represent** |  |
| ***Information about activities planned within the grant (project)*** |
| **Experience working on issues related to women who use drugs experiencing violence *(up to 200 words)*** |  |
| **1-3 activities that organization implemented in 2020 in relation to women who use drugs experiencing violence *(up to 100 words)*** |  |
| **Statement of the problem: what is the main problem you will solve within the grant (project)? *(up to 200 words)*** |  |
| **Goal and objectives**  |  |
| **Main acytivities** |  |
| **With which service providers, institutions will you build partnerships to improve access to services for women experiencing violence? Indicate with whom you already have contact, working relationship, etc.** |  |
| **Coverage of the grant (whole country, city, region)** |  |
| **Partners that will be involved in the implementation of the grant** |  |
| ***Financial management, organizational potential****If a grant is awarded, EHRA will remotely assess the financial potential of the organization (questionnaire, providing copies of procedures and other documents, if necessary)* |
| **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 funded by the Global Fund or other donors over the past three years? (please provide name of donor and grant amount in USD)*
 |  |
| **Please confirm that there are no restrictions in receiving funds from EU to the bank account in USD\*** | *\* A separate bank account in national currency is required to implement the project!* |
| **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.)** |  |
| **Annex 1 – budget** | Yes/ No |
| **Annex 2 – Registration document** | Yes/ No |
| **Date** |  |
| **Name Surname**  |  |

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