### **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 campaign realization** |  |
| *Contact Phone, e-mail* |  |
| **Information about organization or Fiscal agent (FA) *(applicable for initiative group only)*** | |
| *Name of organisation* |  |
| *Name of director/leader* |  |
| *Contact information (e-mail, phone, address)* |  |
| **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** |  |
|  | |
| **Please describe the situation with OST treatment in your contry** | * What is the coverage of OST services? * In what settings OST is provided? Is it available in hospitals and prisons? * What services OST program include? * What are the problems that clients face? * Which problems would you like to address using this research? |
| **How do you plan to use the results of the proposed study? How will it help your advocacy efforts?** |  |
| **Please describe previous research experience** |  |
| **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)* |  |
| **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.)** |  |
| **Annex 1 – organization registration document** | Yes/no |
| **Annex 2 – Memorandum of cooperation (in case of working through financial agent)** | Yes/no |
| **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.**