

                             Istanbul

Grant – Application form

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| --- |
| 1. **Contact information**
 |
|       |  |       |
| Name |  | Organisation registration number or date of birth |
|       |
| Postal address |
|       |
| Street address |
|       |  |       |
| Municipality |  | County |
|       |  |       |
| Telephone number including country and area codes |  | Fax number including country and area codes |
|       |  |       |
| Email address |  | Website (if relevant) |
|       |
| Contact person, (project manager) |
|  |  |  |
| 1. **Information about the applicant**
 |
| Registered as the employer[ ]  Yes [ ]  No |
|  |
| Registered for VAT |  | If yes, specify the VAT registration number |
| [ ]  Yes [ ]  No |  |       |
|  |  |  |
| Is the applicant in a state of bankruptcy or under the supervision of an administrator, or does the applicant have debts for taxes and social security contributions? |
| [ ]  Yes [ ]  No |  |  |
| Will the grant be used in a business activity or an activity that is required to file VAT returns? |
| [ ]  Business activity [ ]  Activity required to file VAT returns |
|       |
| Organisational form (e.g. non-profit organisation, foundation, limited company, registered religious community, etc.) |
|       |  |       |
| The organisation’s operational focus |  | When was the organisation formed? |
|       |  |       |
| Number of members |  | Number of employees |
|       |
| Board members or other management (name, address, telephone number and email address) |
| 1. **Grant to which the application refers**
 |
|       |  |       |
| Name of grant (if applicable) |  | The reference number (if applicable) |
|  |  |       |
|  |  | Amount (Turkish lira) |
| 1. **Planned activities**
 |
|       |
| Purpose and objectives of the activities against which the results will be reported (attach relevant documents) |
|       |
| Target groups |
|       |
| Planned activities |
|       |
| Provide details of your own contribution |
|       |
| The need for the planned activities |
|       |
| The period during which the activities will be carried out |
| Does the applicant intend to gender mainstream the activities? |
| [ ]  Yes [ ]  No |
|       |
| **If yes**, describe how the activities will be gender mainstreamed. **If no**, explain why this is not relevant. |
| There will be collaboration with the following companies, government agencies, organisations and institutions |
|  | In cooperation with | Describe the envisioned collaboration (max. 255 characters) |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  |
|       |
| Which activities will be carried out if only part of the grant applied for is awarded? |
| 1. **Funding of activities**
 |
| All amounts must be given in Turkish lira. |
| Grant sought from the Consulate General of Sweden in Istanbul via this application |        |
| Grants sought or received from other government agencies for implementation of the activities |
|  | Government agency | Amount requested | Amount received |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
|  | **Total:** |       |       |
| Grants for implementation of activities have also been sought or received from the following donors |
|  | Donor | Amount requested | Amount received |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
|  | **Total:** |       |       |
| Other revenue |
|  | Funding details | Amount received |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
| Own contribution |       |
|  |
|  |
| 1. **Activity budget**
 |
| All amounts must be given in Turkish lira.**Revenue and own contribution** |
| Total |       |
| **Costs**Salaries and social insurance contributions |
|  | Function (e.g. project manager) | Amount |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
|  |  | Amount |
|  | Office costs |       |
|  | Travel costs |       |
|  | Audit costs |       |
|  | **Total:** |       |
|  |
|  | Other costs | Amount |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
| **Total costs** |       |
|  |
| 1. **Skills requirement regarding the activities covered by the grant application**
 |
|       |
| Describe the applicant’s prospects of carrying out the activities described. |
|       |
| Specify activities that have previously been conducted. |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does the applicant have an anti-corruption policy or the equivalent? If yes, please attach. | Has the applicant drawn up a risk analysis concerning the activity of the envisaged grant? If yes, please attach. |
|       |       |
| Other information that the applicant wishes to present to confirm his or her skills to carry out the activities and achieve the specified goals. |
|  |
| 1. **References**
 |
| Reference 1 |  | Reference 2 |
|       |  |       |
| Name |  | Name |
|       |  |       |
| Address |  | Address |
|       |  |       |
|  |  |  |
|       |  |       |
| Email address |  | Email address |
|       |  |       |
| Telephone number including area code |  | Telephone number including area code |
| 1. **Previous grants from the Consulate General of Sweden in Istanbul, the Swedish International Development Cooperation Agency (Sida), Swedish Government Offices or other agencies**
 |
|  |
|  | Donor | Reference number |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  |
| 1. **Payment of grant**
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|  |
| --- |
|       |
| Name of bank |
|       |
| Address, city, country |
|  |  |  |
| Account number |  | Account holder |
|       |  |       |
| Account currency |  | IBAN code (EU, Norway, Switzerland) |
|       |  |       |
| SWIFT code (BIC) |  | Bank code (ABA for USA) |
|       |  |       |
| Name of the person authorised to requisition funds |  | Personal identity number or date of birth |
|       |  |       |
| E-mail address |  | Telephone number including country and area codes |
|  |

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| 1. **Reports**
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|  |
|       |
| Name of the person responsible for reporting |  |  |
|       |  |       |
| Email address |  | Telephone number including area code |
|       |
| Postal address |
|  |  |  |
| 1. **Other information in support of the specific grant**
 |
|       |
|  |
| 1. **Other matters**
 |
| **The following documents must be attached to the application** * The annual report for the most recent financial year.
* The auditor’s report for the most recent financial year.
* The balance sheet and income statement for the most recent financial year.
* The certificate of registration from the Swedish Companies Registration Office or a certificate of an assigned organisation registration number from the Swedish Tax Agency or similar certificate of registration from the country of residence of the applicant organization.
* Applicable bye-laws or memorandum of association.
* Records or other documents that certify authorised representatives. If the document is not an original, it must be certified as a true copy.
* Population registration certificate if the applicant is not a legal person.
* Anti-corruption policy or the equivalent (if the applicant has one).
* Risk analysis concerning the activity of the envisaged grant (if the applicant has one).
* Other documents that can be presented to support the specific grant.

**Repayment obligation*** As specified in the Conditions for the grant, the recipient may be obliged to repay all or part of the grant.

**Changes to contact information**-The Consulate General of Sweden in Istanbul must be notified if changes are made to the contact information provided in the application. |
|  |  |  |
| 1. **Signature of authorised representative**
 |
| * *The applicant agrees that the personal information contained in the application may be used for the purposes set out in the application.*
* *The applicant solemnly declares that the information provided is correct and assures that the grant will be used in accordance with this information.*
* *The applicant has read and accepted the Conditions for grants.*
 |
|       |  |  |
| Date |  | Signature and stamp |
|  |  |       |
|  |  | Name in block letters |