

                             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** | | | | | | |
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| 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) | | |
| - |  | | |  | | |
| - |  | | |  | | |
| - |  | | |  | | |
| - |  | | |  | | |
| - |  | | |  | | |
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| 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** | | | | | | |
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| Describe the applicant’s prospects of carrying out the activities described. | | | | | | |
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| 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 | | |
| - |  | | |  | | |
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| 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** | | | | |
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| 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 | | |