|  |  |
| --- | --- |
|  | Funding Application - Norad Application Form for Project and Program FundingNorwegian and International Civil Society Organizations **Chapter Post 160.70** |
| Norad  Pb 8034 Dep  N-0030 Oslo  postmottak@norad.no | **Type of Development Initiative (Choose One)**:  Project Agreement  Program Agreement  (For applications only related to “informasjonsformål” please use the Norwegian application form)  Submit application electronically to [postmottak@norad.no](mailto:postmottak@norad.no) |
| All applications should include one copy of Part 1, one or more copies of Part 2 (as relevant for the initiative), and all mandatory attachments listed in clause 4 of Part 1. For guidelines on how to fill the application form, please see [www.norad.no](http://www.norad.no). | |
| **PART 1 – Organization Information and Overall Description of Initiative (Program/Project)** | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Summary of Initiative** | | | |
| Name of initiative (English) | | | |
|  | | | |
| The initiative’s geographic scope (countries/regions) | | Total amount applied for (NOK) | Duration (year-year) |
|  | |  |  |
| Sector/Thematic area | | | |
|  | | | |
| New initiative | Continuation of previously funded initiative with Norad agreement number, specify: | | |
| Short description of the initiative | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **About the Applicant** | | | | | | | | | | | |
| * 1. **Contact Information** | | | | | | | | | | | |
| Name of applicant organization (including abbreviation if relevant) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Address | | | Postal code | | City | | | | Country | | |
|  | | |  | |  | | | |  | | |
| Phone | E-mail | | | | | Web address: | | | | | |
|  |  | | | | |  | | | | | |
| Chair of board | | | | E-mail | | | | | | | Phone |
|  | | | |  | | | | | | |  |
| Managing director | | | | E-mail | | | | | | | Phone |
|  | | | |  | | | | | | |  |
| Contact person | | | | E-mail | | | | | | | Phone |
|  | | | |  | | | | | | |  |
| * 1. **Type of Organization** | | | | | | | | | | | |
| Norwegian CSO/NGO, org.no: | | | | Governmental organization | | | | | | International NGO | |
| Other, specify: | | | | | | | | | | | |
| * 1. **Description of Applicant** | | | | | | | | | | | |
| Short description of applicant (size, number of employees, number of members, year of establishment, membership in Fundraising Registry (Innsamlingsregistret) and/or in Norwegian/international networks) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Short description of the applicant’s financial situation (annual financial statements for the last five years, how much of the budget goes to development cooperation, how is development cooperation financed, fundraising strategy and results, name of applicant’s auditor) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Short description of applicant’s technical profile and competence | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Applicant’s internal routines (documentation must be presented upon request): | | | | | | | | | | | |
| Anti-corruption routines? | | | | Procurement routines? | | | | Financial Guidelines? | | | |
| Yes  No | | | | Yes  No | | | | Yes  No | | | |
| What decision-making processes will be used during the implementation of the initiative? Who will make decisions? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Short assessment of applicant’s overall strengths and weaknesses | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Describe applicant’s systems for results based management (monitoring), evaluation and lessons learned | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Describe applicant’s financial management systems, including routines for field visits | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Describe applicant’s systems for choosing partners and plans for capacity building of partners | | | | | | | | | | | |
|  | | | | | | | | | | | |
| * 1. **Has the applicant previously received funding from Norad or the Ministry of Foreign Affairs in Norway (MFA), including via Norwegian embassies?** | | | | | | | | | | | |
| No | Yes, once | (If yes) most recent funding scheme: | | | | |  | | | | |
|  | Yes, several times | (If yes) most recent agreement number: | | | | | | | | | |
| * 1. **Has/will the applicant apply for other funding from Norad or MFA (including embassies) in the current year?** | | | | | | | | | | | |
| No | Yes | Specify: | | | | | | | | | |

|  |
| --- |
| * 1. **Umbrella/Network Organization** (only to be filled out by umbrella/network organizations) |
| Umbrella/network organization’s structure (including role of secretariat) |
|  |
| Management system (systems for quality assurance and financial management) |
|  |
| Technical support, division of labor, cooperation structure |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Bank Information** | | | |
| Norad funds shall be placed in a separate bank account (*If the applicant has not previously received funding from Norad, or if there are changes in bank information, the following information must be documented in a letter bearing the applicant’s letterhead, and/or by attaching documentation from the bank)* | | |
| Bank name and address | | |
|  | | |
| Name of account holder | Account number/IBAN | Swift-code |
|  |  |  |
| Account currency | Other information | |
|  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Mandatory Attachments** (cross off and number attachments) | | | |
| Attached | Attachment Number(s) | Attachments | Total # attached |
|  |  | Application, Part 2 |  |
|  |  | Overall results framework/goal hierarchy |  |
|  |  | Individual results framework/goal hierarchy for each program/project |  |
|  |  | Applicant’s overall strategy, other relevant strategies |  |
|  |  | Detailed budget (one per country/initiative). Include narrative explanation of budget posts |  |
|  |  | Applicant’s annual report/financial statement/audit report for previous year (including management letter if relevant) |  |
|  |  | Applicant’s statutes |  |
|  |  | Applicant’s declaration of ethical guidelines |  |
|  |  | Applicant’s declaration regarding travel safety protocol |  |
|  |  | Statistical Excel form for applicant’s Norad portfolio *(only for Norwegian organizations with cooperation agreements and International NGO by invitation from Norad)* |  |

|  |  |
| --- | --- |
| 1. **Other Information** | |
| Any other information relevant for application |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Date and Confirmation** | | |
| I confirm that I possess the necessary authorization on behalf of the applicant to enter into legally binding agreements. I hereby confirm that I have given correct information in this application | |
| Place and date | Name |
|  |  |