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|  | Application for grants from the Norwegian Agency for Development Cooperation - Norad S01 – Application for programme/activies support |
| Norad – Norwegian agency for development cooperationPb 8034 Dep. 0030 OsloPostmottak@norad.no | The application and attachments should be sent to post@mfa.no with a copy to the unit responsible for the grant scheme. For more information see [www.regjeringen.no](https://www.regjeringen.no/no/dep/ud/tilskuddsmidler/skjemaer/id612525/). |
| **Read this first*** The budget and results framework should be attached to the application.
* In principle, all the information asked for in the application form should be filled in. If any questions are not relevant, this should be explained.
* Instructions and questions that may be relevant are provided in the comments. These may be useful when filling in the sections concerned.
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| **Key information** |
| Name of applicant (and abbreviation) |
|   |
| Name of programme/activity and a brief description |
|   |
| Grant scheme |
|  165.70  |
| Unit responsible for the grant scheme (in the Ministry or at a mission abroad) |
|  Norad’s Section for Research, Innovation and Higher Education |
| Total amount apllied for in NOK | Year 1  | Year 2  | Year 3  |
|   |   |   |   |

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| **PART I: GENERAL INFORMATION ABOUT THE APPLICANT AND PARTNERS** |
| **1. Contact information, applicant** |
| 1.1 Postal address |
|   |
| 1.2 Telephone no. | 1.3 Email address |
|   |   |
| 1.4 Website |
|   |
| 1.5 Contact person, name and title |
|   |
| 1.6 Contact person, email address | 1.7 Contact person, telephone no. |
|   |   |
| **2. About the applicant** |
| 2.1 Type of organisation (enter a cross in one box per line) |
|   |
| [ ]  Governmental/public | [ ]  Non-governmental, specify:  | [ ]  Multilateral |
|  |  |
| 2.2 Brief description of applicant |
|   |
| 2.3 Brief description of applicant’s routines for procurement, anti-corruption work and internal control |
|   |
| 2.4 Information about the auditor |
|   |
| 2.5 Has the applicant previously received support from the Ministry, a mission abroad, Norad or FK Norway? [ ]  Yes [ ]  No |
| 2.6 If yes, give details |
|   |
| **3. Bank details** |
| 3.1 Name and address of the bank |
|   |
| 3.2 Name of the account holder |
|   |
| 3.3 Account number/IBAN number | 3.4 Swift code | 3.5 Currency of the account |
|   |   |   |
| **4. Partner(s)** |
| 4.1 Name(s) of partner(s) (and abbreviation(s)) |
|   |
| 4.2 Postal address | 4.3 Country |
|   |   |
| 4.4 Telephone no. | 4.5 Email address | 4.6 Website |
|   |   |   |
| 4.7 Type of organisation (enter a cross in one box per line) |
|   |
| [ ]  Governmental/public | [ ]  Non-governmental, specify: | [ ]  Multilateral |
|  |   |  |
| [ ]  Norwegian, org. no.: | [ ]  Non-Norwegian |
|   |  |
| 4.8 Brief description of applicant’s experience with this partner |
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| **PART II: THE PROGRAMME/ACTIVITY** |
| **5. General information about the programme/activity** |
| 5.1 Where will the programme/activity be implemented (area/country)? |
|   |
| 5.2 Programme/avtivity duration (mm.yyyy–mm.yyyy) |
|   |
| 5.3 Sector/field/theme |
|   |
| 5.4 Is the application for additional support for a programme/activity that is already receiving or has already received support? |
| [ ]  No | [ ]  Yes, agreement no.: |
| 5.5 If yes, give a brief description of the results achieved so far and status for the programme/activity that has previously received support |
|   |
| **6. Applicant’s and partner’s/partners’ competence and capacity to carry out the programme/activity** |
| 6.1 The applicant’s and partner’s/partners’ experience with the thematic and geographical area of the programme/activity and other relevant experience |
|   |
| 6.2 Distribution of roles between the applicant and the partner(s) |
|   |
| **7. Description of the programme/activity and anticipated results** |
| 7.1 The programme/activity overall objective and target group (up to 500 characters in English, for statistical purposes) |
|   |
| 7.2 1. Executive summary (maximum ½ page)
2. Description of the programme/activity (max 8 pages)
 |
|   |
| 7.3 Comments on the attached results framework |
|   |
| **8. Risk, cross-cutting issues and sustainability** |
| 8.1. Assess what risks could affect goal achievement. Also describe the risks that could have a negative impact on cross-cutting issues (human rights, women’s rights and gender equality, climate and the environment, and anti-corruption) |

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| **Identification** | **Analysis** | **Management** | **Follow-up** |
| **Risk** | **Probability** | **Impact** | **Overall risk** | **Risk-reducing measures** | **Responsibility**  | **Deadline** | **Status** |
| [Risk that could affect goal achievement]  |   |   |   | •  |   |   |   |
| •  |
| •  |
| [Cross-cutting issues: Negative impact on human rights] |   |   |   | •  |   |   |   |
| •  |
| •  |
| [Cross-cutting issues: Negative impact on women’s rights and gender equality] |   |   |   | •  |   |   |   |
| •  |
| •  |
| [Cross-cutting issues:Negative impact on climate/environment] |  |  |  | •  |  |  |  |
| •  |
| •  |
| [Cross-cutting issues:Negative impact on anti-corruption] |  |  |  | •  |  |  |  |
| •  |
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| 8.2. Describe the sustainability, local ownership and exit strategy of the programme/activities |
|   |
| **9. Budget and financing plan** |
| 9.1. Comments to the attached budget |
|   |
| **10. Additional information** |
| 10.1 Any additional information of relevance for the application |
|   |

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| **PART III: ATTACHMENTS** |
| [ ]  Number \_\_\_ **Results framework (mandatory)**[x]  Number \_\_\_ **Budget for the support period (mandatory)** [ ]  Number **\_\_\_ Implementation/activity plan, including plans for dissemination and communication of results, and for monitoring and evaluation (mandatory)**[ ]  Number **\_\_\_**  **The applicants strategy or business plan (mandatory)**[ ]  Number \_\_\_ **Consolidated financial report and audit report with management letter for the previous two years (mandatory)**[ ]  Number \_\_\_ **List of the most relevant publication for the last five years conducted or supported by the applicant (mandatory)**[ ]  Number \_\_\_ **The organization’s most recent external evaluation/review (if applicable)** |

## Date and signature

I confirm that I am authorised to enter into legally binding agreements on behalf of the applicant, and I confirm that to the best of my judgement the information in this application is correct.

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Place and date Name, title and signature