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**DEMAND DRIVEN FACILITY CALL FOR PROPOSALS**

**ANNEX A**

**APPLICATION FORM**

**Support to innovative approaches and best practices on mobility and border management**For CSOs, media, universities, research institutions, think tanks, traders’ organisations

**DEADLINE FOR APPLICATION: 30/11/2020**

Funded by European Union Emergency Trust Fund for Africa  
Contract n. T05-EUTF-SAH-GH-01-01  
DDF Number: SBS Ghana -DDF-01

Funded by European Union Emergency Trust Fund for Africa

Contract n. T05-EUTF-SAH-GH-01-01

DDF Number: SBS Ghana -DDF-01

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## NOTICE

Processing of personal data related to this grant award procedure by the contracting authority and the data protection shall be handled in accordance with ICMPD Data Protection Rules and Procedure.

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| TITLE OF ACTION |  |
| NAME OF THE LEAD APPLICANT ORGANISATION |  |
| ADDRESS |  |
| DATE OF ESTABLISHMENT |  |
| LEGAL STATUS OF THE ORGANISATION |  |
| AREAS IF INTERVENTION |  |
| LIST OF COUNTRIES WITH LEGAL REPRESENTATION |  |

|  |  |
| --- | --- |
| PERSON RESPONSIBLE FOR MANAGING THE ACTION | |
| NAME |  |
| FUNCTION |  |
| TELEPHONE |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| CONTACT PERSON (IF DIFFERENT FROM PREVIOUS)  (Don’t fill the table if not applicable) | |
| NAME |  |
| FUNCTION |  |
| TELEPHONE |  |
| EMAIL ADDRESS |  |

1. **FINANCIAL INFORMATION (LEAD APPLICANT)**

|  |  |
| --- | --- |
| ACCOUNTING STANDARDS USED |  |
| *IS THE ORGANISATION SUBJECT TO A TAX EXEMPTION?* | *If so please detail ( Maximum 100 words)* |
| *DOES THE ORGANISATION HAVE ANY PAST EXPERIENCE(S) IN MANAGING EU / OTHER DONOR’S FUNDS?* | *If yes, please explain (Maximum 300 words) and provide list of initiatives involving external funding in the past 3 years* |
| TURNOVER 2017-2018-2019 |  |
| NUMBER OF STAFF  2017-2018-2019 |  |
| APPROXIMATE GRANT FUNDING TO TOTAL FUNDING RATIO FOR 2017-2018-2019 |  |

1. **CO-APPLICANT**

|  |  |
| --- | --- |
| CO-APPLICANT nº1 INVOLVED IN THE ACTION - (Don’t fill the table if not applicable) | |
| NAME OF THE ORGANISATION |  |
| LEGAL STATUS OF THE ORGANISATION |  |
| NAME OF CONTACT PERSON |  |
| FUNCTION |  |
| TELEPHONE |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| CO-APPLICANT nº2 INVOLVED IN THE ACTION - (Don’t fill the table if not applicable) | |
| NAME OF THE ORGANISATION |  |
| LEGAL STATUS OF THE ORGANISATION |  |
| NAME OF CONTACT PERSON |  |
| FUNCTION |  |
| TELEPHONE |  |
| EMAIL ADDRESS |  |

1. **LEAD APPLICANT AND CO-APPLICANT(S) EXPERIENCE**

|  |  |
| --- | --- |
| LEAD APPLICANT | |
| PREVIOUS ACTIONS IN THE SAME THEMATIC DOMAINS | *Please explain (maximum 300 words) and provide list of initiatives in the same thematic domains.* |
| DONOR(S) / AWARDING AGENCY |  |
| IMPLEMENTATION PERIOD |  |

|  |  |
| --- | --- |
| CO-APPLICANT(S) | |
| PREVIOUS ACTIONS IN THE SAME THEMATIC DOMAINS | *Please explain (maximum 300 words) and provide list of initiatives in the same thematic domains.* |
| DONOR(S) / AWARDING AGENCY |  |
| IMPLEMENTATION PERIOD |  |

1. **ACTION DETAILS**

|  |  |  |
| --- | --- | --- |
| TITLE |  | |
| THEMATIC DOMAINS  (at least one choice) | **Check box here**   |  |  | | --- | --- | |  | Trafficking in human beings | |  | Smuggling of migrants | |  | Human rights and gender | |  | Free movement of persons and trade facilitation | |  | Health emergencies’ response | |  | Migration crisis | |  | Dialogue and active collaboration between communities (civil society and traditional authorities) and institutions (border management agencies and local authorities) on the above topics | |  | Dialogue and active collaboration between civil society, media and institutions for accountability and better service delivery, on the above topics. | | |
| TYPE OF PROJECT | |  |  | | --- | --- | |  | Research | |  | Operational (or combined research/operational) | | |
| LOCATION(S) OF THE ACTION | *Please mention the Regions/Districts/Municipalities where the action will be implemented in Ghana.*  *If applicable, need for implementation of part of the action outside of territory of Ghana (i.e.* in *cross-border areas with Togo, Burkina Faso and Cote d’Ivoire) to be duly justified.* | |
| DURATION  *Please note that the action needs to end by 30/06/2023 at the latest.* | **START: (MONTH/YEAR)**  **END: (MONTH/YEAR)**  NUMBER OF MONTHS\*: Click here to enter text.  (\*) As per Guidelines:   * Maximum 18 months for research projects. * Maximum 24 months for operational (or combined research/operational) projects. | |
| WHICH SPECIFIC OBJECTIVE(S) OF SBS GHANA DOES THE ACTION ADDRESS?  (at least one choice) |  | Increase knowledge and data management. |
|  | Establish or enhance cooperation mechanisms between relevant stakeholders. |
|  | Create awareness and support coordination for accountability and better public service delivery. |
|  | Develop innovative practices to improve cooperation and mitigate or tackle issues at the border. |
| BUDGET OF THE ACTION | Include here total budget and co-financing (if any). | |
| CO-FINANCING FROM APPLICANT(S) | If no co-financing is foreseen, explain the reasons. | |
| ACTION STAFF | Describe staff involved in the Action | |
| **DESCRIPTION OF THE ACTION** | | |
| SUMMARY OF THE ACTION | Summarise what the action is about, what is it going to achieve? (Maximum 300 words) | |
| NEEDS ASSESSMENT | Maximum 500 words  Please provide an analysis of problems, constraints and needs of the target geographic area and beneficiaries/target groups. | |
| GENERAL OBJECTIVE | Maximum 50 words | |
| SPECIFIC OBJECTIVES | Maximum 100 words | |
| EXPECTED RESULTS | Maximum 200 words  Please indicate the results and explain how they will contribute to achieving the action’s general and specific objectives as a result of the intervention. | |
| INNOVATION OF THE ACTION | Maximum 500 words  Please explain the added value in terms of innovation: best practices, new approaches, new policy/institutional solutions, new operational solutions, etc. | |
| SUSTAINABILITY OF THE ACTION | Maximum 500 words  Please explain:   * Impact on target groups * Replication, extension, dissemination, capitalisation of the results * Financial sustainability * Institutional sustainability * Policy level sustainability (if applicable) * Environmental sustainability (if applicable) | |
| COMPLEMENTARITY WITH OTHER ACTIONS | Maximum 200 words  Please indicate if any | |
| FEASIBILITY STUDY | *State if this action is supported by a thorough analysis or feasibility study (Maximum 200 words) and attach the study to the application* | |
| MONITORING SYSTEM | Maximum 200 words  *Explain if a Monitoring System is planned. If yes, provide details.* | |
| EVALUATION | Maximum 200 words  *Explain if an evaluation is planned. If yes, explain when and which kind of evaluation.* | |
| ACTIVITIES | *Please describe in detail the main activities required to ensure timely, relevant and result-oriented implementation of the proposed action, and the actors involved in the implementation* | |

1. **STAKEHOLDERS**

|  |  |
| --- | --- |
| BENEFICIARIES | *Description of final direct beneficiaries of the action* |
| ORGANISATIONS INVOLVED IN THE ACTION | *List and description of all organisations that will be involved in the action implementation; describe their capacity and level of involvement.* |
| PUBLIC OR TRADITIONAL AUTHORITIES INVOLVED | *List and description of all authorities that will be involved in the action implementation, if any. Describe their level of involvement.* |
| BORDER MANAGEMENT AGENCIES INVOLVED | *List and description of all agencies that will be involved in the action implementation, if any. Describe their level of involvement.* |
| COOPERATION | *Information on planned coordination with the implementing bodies of other relevant actions/projects.* |

1. **COMMUNICATION AND VISIBILITY**

|  |
| --- |
| Describe here how the visibility of EU, ICMPD and *SBS Ghana* project will be ensured in line with the requirements set in the **DDF Call for Proposals Guidelines**, and include information on all communication and visibility activities foreseen during the action. |

1. **MONITORING & EVALUATION**

On the base of the defined indicators, the Applicant will prepare bi-annual M&E Reports.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monitoring and Evaluation template** | | | | | |
| **Results chain** | **Indicators** | **Baseline** | **Target** | **Sources and means of verification[[1]](#footnote-1)** | **Assumptions** |
| Impact, Goal: |  |  |  |  |  |
| Outcome(s) |  |  |  |  |  |
| Outputs[[2]](#footnote-2) |  |  |  |  |  |
| Activities |  |  |  |  |  |

1. **WORK PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WORK PLAN** | | | | | | | | | | | | | |
| *Please indicate in the table below (by grey-shading the relative cell) in which month each activity will take place and by which body it will be implemented. Please add another table below as needed (in case of actions lasting 24 months, numbering months from 13 to 24).*  *Please also indicate the month in which meetings are foreseen or reports are due.* | | | | | | | | | | | | | |
| **Activity** | **Months** | | | | | | | | | | | | **Implemented by** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  |
| **Activity 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **M&E Report (bi-annual)** |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **RISK ASSESSMENT for implementation - including Covid-19**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Assessment Matrix** | | | | | |
| **Risks** | | **Risks before mitigation** | | **Mitigation measures** | **Risk evaluation after mitigation**  1 (minimum) - 10 (maximum) |
| **Probability**  low (L), medium (M), high (H) | **Impact**  low (L), medium (M), high (H) |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
|  | Add as many rows as needed |  |  |  |  |

1. **DECLARATION BY THE LEAD APPLICANT**

The lead applicant, represented by the undersigned, being the authorised signatory of the lead applicant, in the context of the present call for proposals, representing any co-applicant(s) in the proposed action, hereby declares that

* the lead applicant has sufficient financial capacity to carry out the proposed action;
* the lead applicant certifies the legal statues of the lead applicant and of the co-applicant(s) as reported in this application;
* the lead applicant and the co-applicant(s) have the professional competences and qualifications necessary to carry out the action;
* the lead applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s) (if any), and is not acting as an intermediary;
* if the requested amount is above EUR 60.000, the lead applicant and the co-applicant(s) must fill in and sign the Declaration on Honour certifying that they are not in any of the situations excluding them from participating in contracts as indicated in the Call for Proposals Guidelines. Furthermore, it is recognised and accepted that if the lead applicant, co-applicant(s)(if any) participate in spite of being in any of these situations, they may be excluded from other procedures;
* the lead applicant and each co-applicant is in a position to deliver immediately, upon request, the clarifications to the contracting authority relevant for action evaluation and contracting;
* **the lead applicant and each co-applicant and affiliated entity (if any) are eligible in accordance with the criteria set out in the DDF Call for Proposals Guidelines**
* if recommended to be awarded a grant, the lead applicant, the co-applicant(s) accept the contractual conditions as laid down in the ICMPD grant contract;

These are the sources and amounts of ICMPD / European Union funding received or applied for the action or part of the action or for its functioning during the same financial year as well as any other funding received or applied for the same action:

<list source and amount and indicate status (i.e. applied for or awarded)>

The lead applicant is fully aware of the obligation to inform without delay the contracting authority to which this application is submitted if the same or similar application for funding has been approved by other donors after the submission of this grant application.

We acknowledge that if we participate in spite of being in any of the exclusion situations listed or if the declarations or information provided prove to be false we may be subject to rejection from this procedure and to administrative sanctions. We are aware that, for the purposes of safeguarding the ICMPD and EU’s financial interests, our personal data may be transferred to internal audit services, to the early detection and exclusion system, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

Signed on behalf of the lead applicant:

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Position |  |
| Date and place |  |

**Mandate - for co-applicant(s)[[3]](#footnote-3)**

The co-applicant authorise the lead applicant <indicate the name of the organisation> to submit on their behalf the present application form and to sign on their behalf the ICMPD grant contract with ICMPD (‘Contracting Authority’), as well as, to represent the co-applicant in all matters concerning this grant contract.

I have read and approved the contents of the proposal submitted to the contracting authority. I undertake to comply with the principles of good partnership practice.

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Position: |  |
| Signature: |  |
| Date and place: |  |

**Mandate - for co-applicant(s)[[4]](#footnote-4)**

The co-applicant authorise the lead applicant <indicate the name of the organisation> to submit on their behalf the present application form and to sign on their behalf the ICMPD grant contract with ICMPD (‘Contracting Authority’), as well as, to represent the co-applicant in all matters concerning this grant contract.

I have read and approved the contents of the proposal submitted to the contracting authority. I undertake to comply with the principles of good partnership practice.

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Position: |  |
| Signature: |  |
| Date and place: |  |

1. List here all means used to monitor and report on the progress/implementation of each activities. Example: minutes of a meeting, progress report, training material, communication tools, etc. [↑](#footnote-ref-1)
2. List here tangible/quantifiable elements delivered by the action.  [↑](#footnote-ref-2)
3. If applicable, i.e. if there are co-applicants [↑](#footnote-ref-3)
4. If applicable i.e. if there are co-applicants [↑](#footnote-ref-4)