

**ENHANCEMENT OF PUBLIC COMMUNICATION, COUNTER-SMUGGLING AND COUNTER-CORRUPTION CAPACITY OF IBM STAKEHOLDERS IN UKRAINE**

For Civil Society Organisations and Think Tanks

Under the Project “EU Support to Strengthening IBM in Ukraine (EU4IBM)”

**DEADLINE FOR APPLICATION: 29 March 2021, 16:00 Vienna time**

Funded by the European Union

## 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 OF INTERVENTION |  |

|  |  |
| --- | --- |
| 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  2018-2019-2020[[1]](#footnote-1) |  |
| NUMBER OF STAFF  2018-2019-20201 |  |
| APPROXIMATE GRANT FUNDING TO TOTAL FUNDING RATIO  2018-2019-20201 |  |

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 THEMATIC AREAS RELEVANT TO OBJECTIVES OF THE CALL | *Please explain (maximum 300 words) and provide list of initiatives in thematic areas relevant to the objectives of the call targeted by the application.* |
| DONOR(S) / AWARDING AGENCY |  |
| IMPLEMENTATION PERIOD |  |

|  |  |
| --- | --- |
| CO-APPLICANT(S) | |
| PREVIOUS ACTIONS IN THEMATIC AREAS RELEVANT TO OBJECTIVES OF THE CALL | *Please explain (maximum 300 words) and provide list of initiatives in thematic areas relevant to the objectives of the call targeted by the application.* |
| DONOR(S) / AWARDING AGENCY |  |
| IMPLEMENTATION PERIOD |  |

1. **ACTION DETAILS**

|  |  |  |
| --- | --- | --- |
| TITLE |  | |
| LOCATION(S) OF THE ACTION | *Please detail the regions/districts/municipalities where the action will be implemented in Ukraine.* | |
| DURATION  *Please note that the action needs to end by 30/04/2022 at the latest.* | **START: (MONTH/YEAR)**  **END: (MONTH/YEAR)**  NUMBER OF MONTHS[[2]](#footnote-2): Click here to enter text. | |
| OBJECTIVE(S) OF THE CALL ADDRESSED BY THE ACTION |  | Raising awareness and fostering public communication about IBM policy development and implementation, providing advocacy and analytical support to policy dialogue on IBM and activities of Interagency Working Group on IBM, monitoring of IBM Strategy and Action Plan implementation |
|  | Countering corruption, including through public perception surveys, awareness raising, analysis of measures applied, development of new measures and support to their implementation |
|  | Criminalization of smuggling and provision of law-enforcement and investigative functions to SCS as well as investigative functions to SBGS, |
|  | Developing and implementing institutional policies, tools, and procedures for engagement of IBM stakeholders with the public, civil society and private sector on IBM-related matters |
|  | Delivering a positive image of IBM actors, their work and the progress achieved in IBM area to foster public interest, attract new motivated staff and form a favourable attitude towards IBM actors |
| BUDGET OF THE ACTION | Include here total budget and co-financing (if any). | |
| CO-FINANCING FROM APPLICANT(S) | Specify the amount and nature of co-financing. | |
| ACTION STAFF | Describe staff involved in the Action | |
| **DESCRIPTION OF THE ACTION** | | |
| SUMMARY OF THE ACTION | Maximum 300 words  Summarise what the action is about, what is it going to achieve? | |
| NEEDS ASSESSMENT | Maximum 500 words  Provide an analysis of identified problems as well as constraints and needs of beneficiaries/target groups. | |
| GENERAL OBJECTIVES | Maximum 100 words | |
| SPECIFIC OBJECTIVE | Maximum 100 words | |
| EXPECTED RESULTS | Maximum 500 words  Please indicate the results and explain how they will contribute to achieving the action’s general and specific objectives. | |
| ADDED VALUE OF THE ACTION | Maximum 300 words  Please explain the added value in terms of i best practices, new approaches, new policy/institutional solutions, etc. | |
| SUSTAINABILITY OF THE ACTION | Maximum 500 words  Please explain:   * Impact on target groups * Replication, extension, dissemination, capitalisation of the results, knowledge sharing | |
| COMPLEMENTARITY WITH OTHER ACTIONS | Maximum 200 words  Please indicate if any | |
| ACTIVITIES | Maximum 2000 words  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**

|  |  |
| --- | --- |
| IBM AGENCIES INVOLVED | *List and description of all IBM agencies that will be involved in the action implementation. Describe their level of involvement.* |
| THIRD-SECTOR  ORGANISATIONS INVOLVED | *List and description of all third-sector organizations that will be involved in the action implementation, if any. Describe their level of involvement.* |
| OTHER ORGANISATIONS  INVOLVED | *List and description of other organizations that will be involved in the action implementation, if any. Describe their level of involvement.* |
| OTHER FINAL BENEFICIARIES | *Description of target groups and final beneficiaries other than those mentioned above.* |
| COOPERATION | *Information on planned coordination with other relevant actions/projects.* |

1. **COMMUNICATION AND VISIBILITY**

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| Describe here how the visibility of EU, ICMPD and EU4IBM project will be ensured in line with the requirements set in the **Guidelines for Applicants**, 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[[3]](#footnote-3)** | **Assumptions** |
| General objectives: |  |  |  |  |  |
| Specific objective: |  |  |  |  |  |
| Results (outcomes): |  |  |  |  |  |
| 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 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 …** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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;
* 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 (if any) are eligible in accordance with the criteria set out in the Guidelines for Applicants**
* 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)[[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. If 2020 is not closed, please specify the reasons and attach respective documents for 2017 [↑](#footnote-ref-1)
2. Maximum duration is 12 months [↑](#footnote-ref-2)
3. 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-3)
4. If applicable, i.e. if there are co-applicants [↑](#footnote-ref-4)