**13th INTERNAL CALL FOR SOCIAL PROJECTS**

**KONECTA FOUNDATION**

**ANNEX 2**

# APPLICATION FORM

**1. Requesting entity data**

Only applications submitted by non-profit organisations legally constituted and enrolled or registered with a public body will be accepted.

**1.1 Identification details**

Name of the entity (include the acronym of the entity if it has one):

Nature of the entity (association, foundation, organisation, etc.):

Tax identification number:

Date of incorporation of the entity:

Web page:

Head office in:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| AMERICA | | AFRICA | | EUROPA | | | |
| Colombia |  | Morocco |  | Spain |  | Albania |  |
| Peru |  | Madagascar |  | Italy |  | Germany |  |
| Argentina |  |  |  | France |  | Belgium |  |
| Mexico |  |  |  | Czech Republic |  | Hungary |  |
| Brazil |  |  |  | Turkey |  | Portugal |  |
| El Salvador |  |  |  | Romania |  | United Kingdom |  |
| Guatemala |  |  |  |  |  |  |  |
| Chile |  |  |  |  |  |  |  |

Full address of the entity:

Date of registration:

Official body where registered:

Registration number:

**1.2 Project manager and contact person for the call**

Name:

Position:

Contact telephone number (landline and mobile): /

E-mail:

**1.3 Structure of the entity**

1.3.1 Number of salaried workers:

1.3.2 Number of volunteers:

1.3.3 Number of partners or associates:

**1.4 Annual budget of the entity**

1.4.1 Budget for the financial budget 2023 (in euros or local currency):

1.4.2 Main sources of funding

Public  Private  Individuals

Indicate the names of the main funding bodies (public and private):

**1.5 Corporate purpose**

Indicate the purpose or mission of the entity.

**1.6 Accreditations and certificates**

If the entity has any quality control or certificate, transparency or external audit, please, indicate below.

**1.7 Networking**

If the entity belongs to associations, federations and/or confederations of international, national, regional or local organisations, please indicate below.

**1.8 Awards and/or recognitions**

Mention the five most recent awards obtained by the entity:

**2. Data of the project**

**2.1 Title of the project:**

**2.2 Need for the project and background (15 lines maximum)**

**2.3 General objective of the project (15 lines maximum)**

**2.4 Description of the project (20 lines maximum)**

**2.5 Innovative or differential approach of the project (10 lines maximum)**

Describe the factors of innovation or differential value of the project.

**2.6 Target group**

2.6.1 Typology of target group

People with disabilities

Disadvantaged children

Young people in difficulty

Women in difficulty

Women victims of gender violence

Elderly people

Immigrants

Sick people

People with limited financial resources

Others (indicate which):

2.6.2 Indicate the number of direct beneficiaries of the collective on whom the project will have an impact: \_\_\_\_

2.6.3 Field of action (awareness-raising, training, employment, accessibility, etc.) and profile of beneficiaries (**10 lines maximum**):

**2.7 Specific objectives**

Based on the general objective stated in the initial application, detail the specific objectives of the project. Each specific objective must have at least one associated indicator and each indicator must be accompanied by a quantitative expected result.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specific objective |  | Indicator associated to the specific objective |  | Expected result |
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**2.8 Start date and duration of the project**

**2.9 Planned activities and calendar**

Number the main activities in this table, indicating the months in which it will take place.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activities |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *2024* | | | | | | | | | | | |
|  | *Jan* | *Feb* | *Mar* | *Apr* | *May* | *Jun* | *Jul* | Aug | *Sep* | *Oct* | *Nov* | *Dec* |
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**2.10 Geographic location of the project**

**2.11 Experience of the entity in similar projects (10 lines maximum)**

Indicate whether the project is a continuation of a previous project or is part of a larger project. If the project has been previously implemented, indicate what has been achieved.

**2.12 Describe whether other entities are collaborating in the project and what their role is (10 lines maximum)**

**2.13 Budget of the project (in euros or local currency)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Concept* |  | *Funding requested from the Konecta Foundation* |  | *Funding of collaborating partners* |  | *Own funds contribution* |  | *Total cost* |
|  |  |  |  |  |  |  |  |  |  |
|  | Personnel costs |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Material and supplies for the project |  |  |  |  |  |  |  |  |
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|  | Grants and financial aid |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Travel and commuting |  |  |  |  |  |  |  |  |
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|  | Investments for the project |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Indirect and management costs |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | TOTAL |  |  |  |  |  |  |  |  |

The maximum amount of this call is 5,000 euros (or equivalent in local currency and a maximum of 75% of the cost of the project will be financed.

Indicate how the total budget and the amount requested from Konecta Foundation have been estimated.

**3. Documents accompanying this application**

Annual activity report for 2022.

Financial statements for the financial year 2022 and, if applicable, audit report.