**OPEN CALL FOR SMALL GRANTS**

**APPLICATION FORM**

|  |
| --- |
| **DEADLINE FOR SUBMITTING PROJECT PROPOSALS:** **13th Aug 2021**  |
| **E-MAIL ADDRESS FOR THE ELECTRONIC VERSION OF THE PROJECT PROPOSAL:**artiviststafetegrants@masterpeace.org |

|  |  |
| --- | --- |
| **PROJECT TITLE:** |  |
| **OVERALL BUDGET (EUR):** |  |
| **LOCATION OF PROJECT IMPLEMENTATION** |  |
| **DURATION OF PROJECT IMPLEMENTATION (from-to / exact dates)** |  |

1. **BACKGROUND**

|  |  |
| --- | --- |
| **FULL NAME OF THE PROJECT APPLICANT & ABBREVIATION (in English and in local language)** |  |
| **CONTACT DETAILS OF THE PROJECT APPLICANT** |  |
| **NAME AND CONTACT DETAILS OF THE APPLICANT.****(Name, Surname, Email, Cel.)** |  |
| **LIST ANY RELEVANT PAST EXPERIENCE** |  |

1. **DESCRIPTION OF THE PROJECT AND ITS EFFICIENCY**
2. **Describe and analyse the problem - (max 300 word)**

Describe the issues you aim to tackle with your project and its relevance.

1. **What kind of activities do you plan to organise in order to achieve the results of the project and a detailed timeline (max 300 words)?**

Identify and describe in detail each activity you will take to achieve results and goals. Design a table timeline.

1. **Who are the target groups in the project?**

Describe the detailed target groups, their needs and the expected number of those who will be directly involved. How will you inform, motivate and engage the target group of the project?

1. **Make a Video of Yourself (3 minutes )**

Briefly describe yourself, your experience, your aim from the production and what are you planning to do to make your artistic manifestation.

Be original and after the 3rd minute we will stop the video.

1. **BUDGET** (add details in each category, describing the need and related budget amount)
2. Human resources : (who will work on the project and for how much)
3. Activity related costs: (ex:podcast,video , supplies, printing, etc…)
4. Transport: (if needed)
5. Other: (any other costs)
6. **DESCRIPTION OF THE PARTNER ORGANIZATION** – ONLY to be filled by the applicant if the application is done by an individual in partnership with a local organisation

|  |  |
| --- | --- |
|  | **PARTNER 1** |
| **FULL NAME OF PARTNER ORGANIZATION** |  |
| **ABBREVIATION** |  |
| **NUMBER OF THE REGISTRATION** |  |
| **DATE AND PLACE OF THE REGISTRATION** |  |
| **AUTHORIZED REPRESENTATIVE** |  |
| **OFFICIAL ADDRESS** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **MOBILE PHONE** |  |
| **E-MAIL ADDRESS** |  |
| **WEB SITE** |  |



 ** **