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| **PROGRAM TYPE** | |
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| 1. **APPLICANT’S CONTACT INFORMATION** | |
| 1. Implementing organization: |  |
| 1. Contact Person and Title: |  |
| 1. Address/ Postal Code and City: |  |
| 1. Phone number: |  |
| 1. E-mail: |  |

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| 1. **BASIC INFORMATION ABOUT THE PROPOSAL** | | | | |
|  | Project title: |  | | |
|  | Amount requested (USD): | Amount of co-share if any (USD): | Total Cost (USD): | |
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| 1. **ELEVATOR PITCH** | | | | |
| (SHORT SUMMARY OF THE PROJECT, NOT TO EXCEED 50 WORDS) | | | | |
| 1. **DEFINITION OF SITUATION** | | | | |
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| 1. **PROJECT OUTCOMES** | | | | |
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| 1. **DESCRIPTION OF PROJECT ACTIVITIES** | | | | |
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| 1. **ACTIVITY LOCATIONS** | | | | |
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| 1. **PROJECT BENEFICIARIES** | | | | |
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| 1. **PROJECT SCHEDULE AND TIMELINE** | | | | |
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| 1. **PROJECT PARTNERS** | | | | |
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| 1. **ANTICIPATED OUTPUTS OF THE PROJECT** | | | |
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| 1. **MONITORING AND EVALUATION PLAN** | | | |
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| 1. **PROJECT PUBLICITY** | | | |
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| 1. **PROJECT SUSTAINABILITY** | | | |
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| 1. **BACKGROUND OF IMPLEMENTING ORGANIZATION** | | | |
| (INCLUDE ORGANIZATION’S TECHNICAL AND MANAGEMENT CAPACITIES) | | | |
| 1. **KEY PERSONNEL** | | | |
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| 1. **PREVIOUS U.S. GOVERNMENT FUNDING** | | | |
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| 1. **DETAILED BUDGET (itemize any amount larger than $200):** | | | | | | |
|  |  | **A** | **B** | **C** | **D** | **E** |
|  | **ITEM** | **NO. OF UNITS** | **PRICE PER UNIT** | **U.S. SHARE OF THE COST** | **APPLICANT’S SHARE OF THE COST**  **(IF ANY)** | **TOTAL** |
|  |  |  |  | **(A x B)** |  | **(C+D)** |
|  | **Personnel** |  |  |  |  |  |
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|  | SUBTOTAL A |  |  |  |  |  |
|  | **Fringe** |  |  |  |  |  |
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|  | SUBTOTAL B |  |  |  |  |  |
|  | **Travel** |  |  |  |  |  |
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|  | SUBTOTAL C |  |  |  |  |  |
|  | **Supplies** |  |  |  |  |  |
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|  | SUBTOTAL D |  |  |  |  |  |
| **E.** | **Contractual** |  |  |  |  |  |
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|  | SUBTOTAL E |  |  |  |  |  |
| **F.** | **Other Direct Costs** |  |  |  |  |  |
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|  | SUBTOTAL F |  |  |  |  |  |
| **GRAND TOTAL (A+B+C+D+E+F)** | | | |  |  |  |

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| 1. **BUDGET NARRATIVE** |
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***Molimo pročitajte svaku izjavu ispod i oznacite svaki okvir za potvrdu da je vaš prijedlog u skladu sa sljedećim smjernicama:***

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|  | Projekat obradjuje jednu od zadatih tema iz javnoga oglasa za dostavu projekata. |
|  | Posjedujemo saglasnost učesnika i partnera za realizaciju projekta. |
|  | Datum pocetka projekta nije fiksan i moze se prilagoditi dinamici evaluacije projekta od strane donatora (u slucaju da se datum pocetka projekta ne moze mijenjati, ostaviti prazno, a datum navesti u projektnoj aplikaciji). |
|  | Organizacija koju predstavljam trenutno nema aktivan grant u kategoriji ESF programa za koji aplicira. |
|  | Troskovi projekta navedeni u budžetu ne ukljucuju PDV. |
|  | Svi troskovi projekta su jasno definisani i ne ukljucuju definicije tipa nepredvidjeni troskovi, ostali troskovi i sl. |
|  | U budžetu nema troskova koji bi nastali van teritorije BiH. |
|  | Svi troskovi veći od 200 dolara su raščlanjeni ukoliko je to moguće (npr. 2 dana X 20KM x 3 osobe). |
|  | Troškovi hrane i osvježenja ne prelaze 10% od ukupnog iznosa granta. |
|  | Aplikacija koja se nalazi u prilogu ne premašuje 6 stranica uključujući i budžet. |
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| Ja vaše ime i prezime , kao osoba odgovorna ispred naziv vaše organizacije., potvrđujem sve gore navedeno. | |

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| **THIS SPACE FOR INTERNAL U.S. EMBASSY USE ONLY** |
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