



EU COVID-19 Solidarity Programme for the Eastern Partnership

Standing Together

APPLICATION FORM

General Information

Name of the main applicant organization	
Legal status and ID of the organization	
Legal address	
Phone number	
Region / city / communities where you work	
Organization's Website address (if any)	
Organization's Facebook or other social media page (if any)	
Budget for the last year	
Are there co-applicant organizations? If yes, please provide their information as well	
Name of the co-applicant(s) organization	
Legal status and ID of the organization	
Legal address	
Phone number	
Region / city / communities where you work	
Organization's Website address (if any)	
Organization's Facebook or other social media page (if any)	
Budget for the last year	
Which categories of closed institutions does the action cover? (please tick the relevant sectors. If other, please specify)	<input type="checkbox"/> Detention facilities <input type="checkbox"/> Mental health institutions <input type="checkbox"/> Other _____



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Contact person (main applicant)	
Name and position	
Phone number	
Email address	



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II. Detailed application

WHAT AND WHY?

Please provide an overview of PPE and IT/communication equipment needs that you think this project may cover. *(Max. 500 words)*

WHO WITH AND WHO FOR?

Please provide a short analysis of the measures taken by the government, CSOs and other institutions to address the material needs related to COVID-19 on the closed institutions in your country *(Max. 500 words)*

If the action is being implemented by a consortium, please describe the division of tasks and the cooperation process between individual organizations. *(Max. 500 words)*

IMPLEMENTATION

Please describe your proposed process of providing equipment for the closed institutions to counter effects of COVID-19 *(Max. 1000 words)*



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What could be the main challenges or risks faced during the project implementation? List at least two internal & two external challenges. How will you mitigate these risks? (Max. 600 words)

Challenges/risks	Mitigation activities

How will you promote the proposed project and ensure visibility of the Action? (Max. 300 words)

WHO IS THE PROJECT IMPLEMENTATION TEAM?

Please list the names, positions and roles in the project of key members of the team and attach their CVs as part of your application. (Max. 500 words)



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Something extra

Here, you can include any materials, links or supporting info that you think would help us understand what your organisation and project is about.



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Applicant's declaration

By signing this document, I declare that:

- The information provided in the application is true and accurate.
- I agree that the presented data can be shared with the participant selection committee within the "COVID-19 Solidarity Programme".
- I am ready to provide additional information for the purpose of evaluating the application.

Name: _____

Date _____ Signature _____



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