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| Funding Application Norad - 2017**Civil Society Department****Ch. post 160.70.116**  |  |
|  PART 1 – Development aid International Non-Governmental Organizations and NetworksPlease submit the application electronically to postmottak@norad.no by 4 June 2017. Applications received after the deadline will not be processed.The application must contain Part 1 and Part 2, including all mandatory attachments. See guide to completing the application form at [www.norad.no](http://www.norad.no) (Max. 10 pages of text when completed)  |

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| 1. **Summary of information for an overall application**
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|  | Total amount of funding (NOK) | Duration (mm.yy – mm.yy) |
| General name/title of the portfolio of activities for which funding is sought (in English)  Geographical scope of implementation |   |   |
| Thematic sector/priority area  |
| [ ]  New agreement | [ ]  If a continuation of previous funding, please specify agreement number:  |

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| 1. **Applicant organization**
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| * 1. **Contact information**
 |
| Name of applicant organization, including abbreviation, if any |
| Address | Postcode | Postal district |
|  |  |   |
| Telephone | Email address | Web address: |
|  |  |  |
| Chair of board and number of board members | Email address | Telephone |
|  |   |   |
| Managing director | Email address | Telephone |
|   |   |   |
| Contact person for Norad | Email address | Telephone |
|   |   |   |
| * 1. **Type of organization**
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| [ ]  International Non-Governmental Organisation with board members from at least two countries [ ]  Other, please specify:  |  |
| * 1. **Number of employees, financial accounts, auditor**
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| 2.3.1 State the number of paid employees, number of members, year of establishment, and whether it is part of an international network.  |
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| 2.3.2 State how the development assistance is financed, including how and how much funding is raised, and membership of a fundraising registry, if relevant. State annual accounting figures for the last three years, how large a proportion development aid constitutes of this, and whether the organization has its own accountant.  |
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| 2.3.3 State the auditor’s name and how long the organization has used the same auditor.   |
| * 1. **Organization and competence**
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| 2.4.1 Describe what competence the organization possesses in its own employees regarding financial, thematic, geographic and development expertise, and whether others (consultants, volunteers etc.) contribute competence essential to development assistance.  |
| 2.4.2 Explain briefly how development assistance is organized.   |
| 2.4.3 Describe the decision-making processes in development assistance. |
| 2.4.4 Describe briefly the most important thematic and geographical priority areas for the development assistance.  |
| 2.4.5 Describe the value added, apart from money transfer, which the organization supplies to local partners. |
| 2.4.6 Describe how the organization strives to ensure that results are measured, documented and published.  |
| 2.4.7 Explain how and how often reviews and evaluations are conducted and followed up.   |
| 2.4.8 What efforts are made to prevent, detect and investigate financial irregularities.   |
| 2.4.9 Describe how the organization works to identify and handle risk.  |
| 2.4.10 Explain how the organization safeguards cost-effective solutions at all stages, preferably by giving specific examples.   |
| 2.4.11 Does the organization have written whistleblowing routines on suspicion of financial irregularities?  | 2.4.12 Does the organization have written and adopted procurement routines? | 2.4.13 Does the organization have a financial procedures manual? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
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| **2.5 Local partner(s)** |
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| 2.5.1 Describe how local partner organizations are identified. |
| 2.5.2 Describe the cooperation with local partners and how partners are monitored and followed-up  |
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| 2.5.3 Describe what support is provided to local partners to enable them to continue the initiative and/or safeguard results achieved after the funding is phased out.   |
| **2.6 Has the applicant previously received funding from Norad or the Norwegian Ministry of Foreign Affairs (including embassies)?** |
| [ ]  No | [ ]  Yes, once | [ ]  This funding scheme (Ch. post 160.70) State the agreement number: | [ ]  Other funding schemes State the agreement number: |
|  | [ ]  Yes, several times |  State the agreement number: Were annual contractual reports approved by Norad? [ ]  Yes [ ]  No  |
| **2.7 Is the organization applying for other funding from Norad, the Norwegian Ministry of Foreign Affairs (including embassies) or other donors this year?** |
| [ ]  No | [ ]  Yes | Specify:  |

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| **2.8 For umbrella organizations** (Not applicable for INGOs and international networks) |
| 2.8.1 Give a brief overview of the umbrella/network organization’s structure (including the role of the secretariat and the board). |
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| 2.8.2 Give a short description of management routines, including systems for quality assurance, administration and financial management.  |
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| 2.8.3 Explain how member organizations and their local partners are monitored, how their efforts are assessed by the organization/secretariat, and how results achieved or other factors underpin how large a proportion they receive of Norad’s funding. |
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| 1. **Bank details**
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| Norad funds shall be placed in a separate bank account.*If the applicant has not previously received funding from Norad, or if there are changes in the applicant’s bank details, the following information must be documented in a letter bearing the applicant’s letterhead, bank statement or other written documentation from the bank before funds are disbursed.* |
| Name and address of bank |
|   |
| Name of account holder | Account number/IBAN | Swift Code |
|   |   |   |
|  |  |  |
|  |  |  |
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|  |  |  |
| Account currency | Other information |
|   |   |

**4. Budget and Financial plan**

**4.1 Summary of Budget and Financial plan**

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| *Outline the total costs and sources of income for the project/programme for which funding is sought, including the proportion of own accrued revenues and funding from other donors. See the guide for an example of the calculation* |
| **summary** | **2017**  | **2018** | **2019** | **2020** | **Total** |
| Total project/programme costs |   |   |   |   |   |
| - Other external funding |   |   |   |   |   |
| **= Remaining financial requirement \*** |   |   |   |   |   |
| - Own contribution (minimum 10%) \*\* |   |   |   |   |   |
| = Norad’s share of project/programme costs (max 90%) |   |   |   |   |   |
| + Norad’s contribution to administrative costs (up to 7% of Norad’s share of project/programme costs  |   |   |   |   |   |
| = Total amount of funding applied for from Norad |   |   |   |   |   |

\*) Basis for calculation of the applicant’s own contribution and Norad’s share of costs
\*\*) The applicant’s own contribution shall be in cash, not in labour, equipment or the like.

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| **4.2 Costs by country** |
| *If it is necessary to add more lines, please attach an overview based on the template below* |
| **COUNTRY** | **2017**  | **2018** | **2019** | **2020** | **Per cent** |
| Country |   |   |   |   |   |
| Country |   |   |   |   |   |
| Country |   |   |   |   |   |
| Country |   |   |   |   |   |
| Country |   |   |   |   |   |
| Globally |  |  |  |  |  |
| Unplanned |   |   |   |   |   |
| **Total:** |  |  |  |  | **100** |

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| **4.3 Costs by thematic area/sector** |
| ***If it is necessary to add more lines, please attach an overview based on the template below*** |
| **Thematic area/sector** | **2017**  | **2018** | **2019** | **2020** | **Per cent** |
| Thematic area/sector |   |   |   |   |   |
| Thematic area/sector |   |   |   |   |   |
| Thematic area/sector |   |   |   |   |   |
| Thematic area/sector |   |   |   |   |   |
| Thematic area/sector  |   |   |   |   |   |
| Thematic area/sector |  |  |  |  |  |
| Globally |   |   |   |   |   |
| Unplanned |  |  |  |  |  |
| **Total:** |  |  |  |  | **100** |

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| **4.4 Costs by Actor** |
| ***If it is necessary to add more lines, please attach an overview based on the template below*** |
|  | **2017**  | **2018** | **2019** | **2020** | **Per cent** |
| Local partners |   |   |   |   |   |
| Country offices, if relevant |   |   |   |   |   |
| Regional/multilateral offices, if relevant |   |   |   |   |   |
| Disbursed in Norway |   |   |   |   |   |
| Secretariat in Norway(for umbrella/network organizations) |   |   |   |   |   |
| Country offices, if relevant |   |   |   |   |   |
| **Total:** |  |  |  |  | **100** |

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| **4.5 Overview of costs by thematic area and country** |
| ***If it is necessary to add more lines, please attach an overview based on the template below*** |  |
| **Country** | **Thematic area 1**  | **Thematic area 2** | **Thematic area 3** | **Thematic area 4** | **Thematic area xx** | **Costs** |
| Country |   |   |   |   |   |  |
| Country |   |   |   |   |   |  |
| Country |   |   |   |   |   |  |
| Country |   |   |   |   |   |  |
| Country |   |   |   |   |   |  |
| Country |  |  |  |  |  |  |
| Country |   |   |   |   |   |  |
| **Total project/programme costs:** |  |  |  |  |  |  |

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| 1. **Mandatory attachments** (Tick the box and number the attachment)
 |
| Attached | Number | Attachment | Total number |
| [ ]  | 1 | Strategy/overarching plan for development assistance |   |
| [ ]  | 2 | Results framework/ overarching goal hierarchy  |   |
| [ ]  | 3 | Total budget, including written explanation of the various budget costs |   |
| [ ]  | 4 | New applicants must attach the annual report with financial statement and auditor’s report for the previous year |   |
| [ ]  | 5 | Applicant’s statutes |   |
| [ ]  | 6 | Applicant’s declaration of ethical guidelines  |   |
| [ ]  | 7 | Applicant’s declaration regarding travel safety protocol |   |
| [ ]  | 8 | Consolidated audited organisational accounts for the latest financial year |  |

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| 1. **Additional information**
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| Any other information that is regarded as relevant to the application |
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| 1. **Date and confirmation**
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| I confirm that I am authorized to enter into legally binding agreements on behalf of the applicant, and affirm to the best of my knowledge and belief that the information given in this application form is correct. |
| Place and date | Name |
|  |  |