AMBASSADE DE FRANCE EN TURQUIE / SCAC

**REQUEST FOR GRANT ON BEHALF OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR THE YEAR: 2021**

1. **Information concerning the applicant organization**

|  |  |
| --- | --- |
| Name of the organisation |       |
| Statutes | Choisissez un élément. |
| Represented by  |  |
| Address |  |
| Email |  |
| Phone |  |

1. **Project description**

|  |
| --- |
| **Presentation of the association** *Date of creation, association objectives, milestones, source of funding, institutional partners (max 400 words)* **Presentation of the project** *Project presentation (specify if it is a new project), objectives, activities, expected results, target population and number of beneficiaries, calendar, places. Please specify if an evaluation will be made and the methodology. max. 400 words***Sustainability and impact***How will the project ensure benefits are sustained once the project funding ends?*  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How will your project improve the Humans Rights, LGBT+, Women or Environmental situation in Turkey?** *Local context, future perspectives of Human rights.* **Will you work with other partners during the implementation of project?***Specify if you will collaborate with other members of the civil society, public and private institutions, members of the French embassy’s network (Institut français, IFEA, Galatasaray, schools, experts)***Does your organization and project integrate gender equality in its implementation? How?****Policy objectives:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender equality**  | **Aid to environment** | **Disability** | **Nutrition** | **Reproductive, Maternal, Newborn and Child Health** |
| Choisissez un élément. | Choisissez un élément. | Choisissez un élément. | Choisissez un élément. | Choisissez un élément. |

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1. **Estimated budget of the project**

|  |  |
| --- | --- |
| **Ressources** | **Amount** *(euros)* |
| Ambassade de France – SCAC |  |
| Other public international funding (specify)  |  |
| Own funds |  |
| Other funds |  |
|  |  |
| Total  |  |

|  |  |  |
| --- | --- | --- |
| **Expenses** *(include units : ex. « Lunch, 30 participants »)*  | **Details** *(ex. 30 x 15TL)* | **Total amount** *(euros)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total  |  |  |

**Amount requested (Max. 10.000 Euros) :**

1. **Provisional date of the report on the use of the grant:**

 *(To be completed by the applicant organization)*

1. **Required documents attached - signed**

- Copy of statutes

- IBAN

- Report on the use of the previous year grant (for applicants who received a grant from the French Embassy -SCAC)

Done in Date:

Name and Surname

Position

Signature

|  |
| --- |
| *A remplir par le SCAC**Montant attribué :**Date d’attribution :* |