AMBASSADE DE FRANCE EN TURQUIE / SCAC

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

**FOR THE YEAR: 2023**

**Title of the project:**

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  Organizational structure  Source of funding  Institutional partners  Human Resources  **Presentation of the project**  *Please specify if an evaluation will be made and the methodology.*  Project presentation *(specify if it is a new project)*:  Project objectives:  Project resources (human and material):  Target population/number of beneficiaries:  Activities:  Expected results:  Calendar:  Location:  **Sustainability and impact**  *How will the project ensure benefits are sustained once the project funding ends?*  **Possible risks associated with the project**  *Security/safety risks, political risks, etc.*  **How will your project improve the Humans Rights, LGBTI+, 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 de Turquie, IFEA, Galatasaray, schools, experts)*  **Does your organization and project integrate gender equality in its implementation? How?**  **What is your youth policy? Does your organization promote youth rights?**  **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. | |

1. **Estimated budget of the project**

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

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

**Amount requested:**

1. **Provisional date for the Final Report** (maximum 2 months after the end of the project) **:**

*(To be completed by the applicant organization)*

1. **Any other comments you want to mention**

Done in Date:

Name and Surname:

Position:

Signature:

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