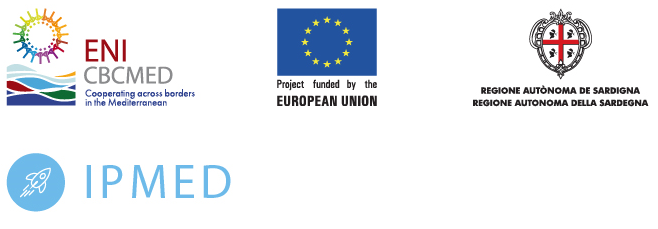
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**Jordan Enterprise Development Corporation (JEDCO)/ Chamber of Commerce and Industry of Tunis (CCIT)**

**IP Capacities for Smart, Sustainable and Inclusive Growth in the MEDiterranean Region**

**A\_A.1.1\_0181 IPMED**

*Financed by the ENI CBC Med 2014 2020 Programme*

Sub grant application form

*Reference: 1/2022*

Deadline for submission of application: 21 December,2022 Irbid region

Deadline for submission of application: 21 December, 2022 Tunis

|  |  |
| --- | --- |
| Dossier No. |  |

(*For* Official Use Only)

|  |  |
| --- | --- |
| Title of the Sub-grant |  |
| Location(s): | *<*specify country(ies), region(s), area(s) or town(s) that will benefit from the subgrant(s)*>* |
| Name of the applicant |  |

|  |  |
| --- | --- |
| **Applicant’s contact details for the purpose of this action** | |
| Postal address: |  |
| Telephone number: |  |
| Contact person for this action: |  |
| Contact person’s email: |  |

**NOTICE**

Where you see < ... >, enter the information relevant to the call for proposals in question.

The phrases in square brackets [ ] should only be included if appropriate.

Any other part of these standard instructions should not be modified.

**INSTRUCTIONS FOR DRAFTING THE APPLICATION FORM**

There is no specific template for the application form, but the applicant must ensure that the text:

* includes Page 1 of this document, filled in and submitted as a cover page;
* includes the table of the summary of the sub-grant(s) activities;
* includes the description of the subgrant(s) activities (not exceeding 2 pages) and their relevance (not exceeding 3 pages), the format for both documents being A4 size with 2 cm margins, Arial 10 font characters and single line spacing;
* provides the information requested under the headings below, in the order requested, and in proportion to its relative importance (see the relevant scores in the evaluation grid in the guidelines for applicants);
* provides full information (as the evaluation will be based solely on the information provided);
* is drafted as clearly as possible to facilitate the evaluation process.

1. **Summary of the sub-grant proposal**

Please complete the table below.

|  |  |
| --- | --- |
| Title of the sub-grant proposal: |  |
| Location of the sub-grant— specify country, region(s) |  |
| Total duration of the sub-grant activities (months): |  |
| Requested EU contribution (amount) | <amount in EUR> |
| Requested EU contribution as a percentage of total eligible costs (indicative)] | % |
| [Total indicative budget] | <amount in EUR> |
| Target groups[[1]](#footnote-2) |  |
| Final beneficiaries[[2]](#footnote-3) |  |

**2- Cost of the Action and amount requested from JEDCO/CCIT**

|  |  |  |
| --- | --- | --- |
| **Estimated total eligible cost of the action (A)** | **Amount requested from the Contracting JEDCO/CCIT (B)** | **% of estimated total eligible cost of action (B/Ax100)** |
| EURO | EURO | % |

**Please note that the cost of the action and the contribution requested from JEDCO/CCIT has to be expressed in EURO**

**3- Description of the sub-grant proposal (max 2 pages)**

Please provide all the following information:

* Explain the objectives of the sub-grant proposal.
* Define and describe the target groups and final beneficiaries, their needs and constraints, and state how the sub-grant will address these needs and improve their situation.
* Briefly outline intervention logic underpinning the sub-grant, indicating the expected outputs and outcome. Include a detailed list of outputs with indicators and target values.
* Briefly outline the type of activities proposed.
* Outline the broad timeframe of the sub-grant proposal implementation and describe any specific factor taken into account.

***4- Relevance (max 1 page)***

Please provide all the following information:

* Describe the relevance of the sub-grant proposal to the objective(s) of the Call.
* Indicate any specific added-value elements of the sub-grant.

**5- Indicative action plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Month 1 | 2 | 3 | 4 | 5 | 6 | Implementing body |
| Preparation Activity 1 (title) |  |  |  |  |  |  | Applicant or co-applicant # |
| Execution Activity 1 (title) |  |  |  |  |  |  | Applicant or co-applicant # |
| Preparation Activity 2 (title) |  |  |  |  |  |  | Applicant or co-applicant # |
| etc. |  |  |  |  |  |  |  |

### 6- Sustainability of the action (max 1 page)

Describe the expected impact of the action with quantified data where possible, at technical, economic and social levels.

Explain how these activities can be continued after completion of the action

### 7- Costs/effectiveness of proposed budget (max 1 page)

Are the activities appropriately reflected in the budget?

Is the ratio between the estimated costs and the expected results satisfactory?

### 8. Budget for the Sub grant

Fill in Annex 2 (Worksheet) to the guidelines for the total duration of the action. For further information see the guidelines for the sub-grant application (sections 1.3 , 1.4.2, 1.4.3)

1. **Experience of applicant**

Please provide a description of actions of a comparable scale to the one for which a grant or subgrant was managed by your organisations in the past three years.

Maximum ½ page per experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the applicant or co-applicant:** | | | | | |
| **Project title:** | | | | | |
| **Location** | **Amount of the grant** | **Role** (coordinator, co-beneficiary) | **Name of donor** | **Amount contributed (**by donor) | **Dates** (from dd/mm/yyyy to dd/mm/yyyy) |
| … | … | … | … | … | … |
|  |  |  |  |  |  |
| **Short description of objectives and results** | |  | | | |

* **Number of staff**

|  |  |
| --- | --- |
| Type of staff | No. of staff |
| Top Management |  |
| Technical staff |  |
| Administrative staff |  |

### List of the management

| Name | Profession | Function |
| --- | --- | --- |
| Mr |  |  |
| Ms |  |  |

### Sources of fund

1. **Identification of applicant**

Fill-in one table for the applicant

|  |  |
| --- | --- |
| **Applicant** | |
| **Name** |  |
| **Abbreviation** |  |
| **Registration number (or equivalent)** |  |
| **Official address of registration** |  |
| **Country of registration** |  |
| **Legal status (profit-making, NGO or public)** |  |
| **Website of the organisation** |  |
| **e-mail of the applicant** |  |
| **Telephone number** |  |

**Applicant Checklist**

|  |  |  |
| --- | --- | --- |
| **Before sending your proposal, please check that each of the following POINTS IS complete and respectS the following criteria:** | **To be filled in by the applicant** | |
| **Title of the Proposal:**  *To be filled in by the applicant* | **Yes** | **No** |
| **PART 1 (ADMINISTRATIVE)** | | |
| 1. The correct grant application form, published for this call for proposals, has been used |  |  |
| 1. The Declaration by the applicant has been filled in and has been signed |  |  |
| 1. The proposal is typed and is in English or in French. |  |  |
| 1. The budget is presented in the format requested, is expressed in Euros and is enclosed |  |  |
| 1. **Supporting documents** are enclosed and are accompanied by English translation | | |
| **b. For MSMEs or an innovative startup registered in Irbid / Jordan or in Tunis.** |  |  |
| * A Declaration signed by the legal representative stating that the applicant is a MSME or start-up |  |  |
| * An official document proving that the applicant is business entity established in Irbid region / Jordan or Tunis |  |  |
| * A certified copy of their registration at the Ministry of Industry and Trade or relevant authority |  |  |
| * An official document/ declaration reporting the number of employees, minimum 1 and maximum 250 (the employment eligibility criteria will be applied to the number of employees registered at the Social Security Corporation any date before the deadline of the call for proposals; |  |  |
| * Any proof of applicant’s capacity to finance from its own resources the amount of the action not covered by the grant. |  |  |
| * A Legal Entity Sheet conforming to the model attached at Annex 3of the Guidelines duly completed and signed by the applicant, accompanied by the justifying documents which are requested therein, and |  |  |
| * A Financial Identification Form conforming to the model attached at Annex -4 of the Guidelines. |  |  |
| **PART 2 (ELIGIBILITY)** | | |
| 1. The duration of the action is between 2 months and 6 months (the minimum and maximum allowed) |  |  |
| 1. The requested contribution is equal to or lower than 10.000 EURO (the minimum and maximum allowed) |  |  |
| 1. The requested contribution is equal to or lower than 90% of the estimated total eligible costs (minimum and maximum percentage allowed) |  |  |

**Declaration by the applicant**

The applicant, represented by the undersigned, being its authorised signatory [and in the context of the present application, representing any co-applicant(s) in the proposed action], hereby declares that:

* the applicant has the financial capacity and professional competence and qualifications to implement the subgrant(s);
* in case of co-applicants [the applicant undertakes to comply with the obligations foreseen with the principles of good partnership practice];
* the applicant is directly responsible for the preparation, management and implementation of the subgrant(s) activities with the co-applicant(s) if any, and is not acting as an intermediary;
* the applicant and the co-applicant(s) are not in any of the situations excluding them from participating in contracts foreseen by the applicable legislation;
* the applicant and each co-applicant(s) (if any) are eligible in accordance with the criteria set out in the guidelines for applicants;
* if recommended to be awarded the sub-grant, the applicant and the co-applicant(s), if any, accept the contractual conditions as laid down in the standard sub-grant contract annexed to the guidelines for applicants.

We acknowledge that if we participate in spite of being in any of the situations for exclusion or if the declarations or information provided prove to be false, we may be subject to rejection from this procedure.

Signed on behalf of the applicant

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Position** |  |
| **Date** |  |

1. ‘Target groups’ are the groups/entities who will directly benefit from the subgrant(s) [↑](#footnote-ref-2)
2. ‘Final beneficiaries’ are those who will benefit from the subgrant(s) in the long term [↑](#footnote-ref-3)