**ROMACT Programme**

**Call for proposals for capacity building and transnational cooperation**

**APPLICATION FORM**

This is the application form for the transnational cooperation and capacity building component of the ROMACT Programme.

Please read the Call for proposals and Guide for applicants before starting to complete the Application Form.

Please complete the form, save in Word format and return along with necessary documents to romact@coe.int by 29 April 2016 at 17:00 CET.

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Name of local authority***If not a local authority, please state the name of the non-for profit entity and the local authority that provides the mandate to apply for this programme*  | *Click here to enter text.* |
| **Country** | *Click here to enter text.* |
| **Contact person and details***Provide the name, title, email and telephone number of the person who will serve as project lead. This person will be the main contact person for ROMACT staff.* | *Click here to enter text.* |

1. **WHAT MODULE ARE YOU APPLYING FOR?** *check as many as relevant*

[ ] A. Intercultural training

[ ] B. Training of Intercultural Mediators

[ ] C. Support for working visits

1. **MOTIVATION**

|  |  |
| --- | --- |
| **Motivation for applying***Explain the local context, including current challenges as well as objectives and expected results that motivate your application for this support from ROMACT.**Include reference to any achievements and lessons learned previous exchanges or similar experiences as well as how you want to address particular challenges brought on by the reception and inclusion of non-nationals of Roma ethnicity.**If applying for intercultural or mediator trainings (modules A or B): mention the rationale for choosing certain group / type of staff to receive training, including a justification for the number of participants expected.**If applying for support for a work visit (module C): mention the rationale for choosing the transnational partner (for example, migratory link).* | *Click here to enter text.* |

1. **DESCRIPTION OF ACTIVITIES**

*Please provide a detailed description of the activity/ies in the template provided, include as many activities as applicable*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Module**  | **Activity Title** | **Roles** | **Description** | **Timeline** | **Deliverables** |
|  | *Select the module type of this activity from the drop down list* | *give a title that describes what the activity is about* | *who will plan and coordinate this activity?* | *briefly explain the activity and its purpose* | *when the activity will take place* | *concrete outputs that will result from this activity taking place* |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |
|  | *select one* |   |   |   |   |   |

1. **BUDGET**

*To be filled in only if applying for module C (work visits)*

*Provide a list of estimated costs requested for the activity(ies) in EURO.*

*Only transportation, accommodation, subsistence and interpretation costs will be covered by ROMACT.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity title / description** | **Type of cost** | **Number of units**  | **Number of persons** |
| *Describe the type of expense, including the destination place.* | *Chose the type of cost from the drop-down list* | *How many of the single unit is being requested (days, flights)*  | *How many people will travel? How many interpreters requested?* |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |
|   | Choose an item. |   |   |

**Total Requested Amount:…………………………..**

1. **IMPACT**

|  |  |
| --- | --- |
| **How will this/these activities benefit people in vulnerable situations, in particular non-nationals of Roma ethnicity?***What is the expected impact for vulnerable groups and how Roma will benefit from the proposed action?**How do you plan to evaluate the results of the proposed activity(ies)?* | *Click here to enter text.* |

1. **SUSTAINABILITY**

|  |  |
| --- | --- |
| **How will you ensure sustainability beyond the implementation of the activities?** *How do you plan to ensure that the activities undertaken are maintained beyond the activity cycle?**How will these contribute to the longer-term objectives and aims of the local authority?* | *Click here to enter text.* |

1. **ADDITIONAL SUPPORT REQUEST**

|  |  |
| --- | --- |
| **Do you have any other requests for support from the ROMACT programme?** *Beyond the requests for trainings where the ROMACT team will take a coordination role, mention any expectations of support from ROMACT, if relevant.*  | *Click here to enter text.* |

1. **DECLARATION**

[ ]  I hereby declare that the details provided above are true and correct to the best of my

knowledge and authorize sharing the information furnished on this form for the purposes of processing the application.