Grant – Application form for

associations, foundations, private

companies and individuals, etc.

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| 1. **Contact information**
 |
|       |  |       |
| Name |  | Organisation registration number or date of birth |
|       |
| Postal address |
|       |
| Street address |
|       |  |       |
| Municipality |  | County |
|       |  |       |
| Telephone number including country and area codes |  | Fax number including country and area codes |
|       |  |       |
| E-mail address |  | Website (if relevant) |
|       |
| Contact person, (project manager) |
|  |  |  |
| 1. **Information about the applicant**
 |
| Registered as the employer[ ]  Yes [ ]  No |
|  |
| Registered for VAT |  | If yes, specify the VAT registration number |
| [ ]  Yes [ ]  No |  |       |
|  |  |  |
| Is the applicant in a state of bankruptcy or under the supervision of an administrator, or does the applicant have debts for taxes and social security contributions? |
| [ ]  Yes [ ]  No |  |  |
| Will the grant be used in a business activity or an activity that is required to file VAT returns? |
| [ ]  Business activity [ ]  Activity required to file VAT returns |
|       |
| Organisational form (e.g. non-profit organisation, foundation, limited company, registered religious community, etc.) |
|       |  |       |
| The organisation’s operational focus |  | When was the organisation formed? |
|       |  |       |
| Number of members |  | Number of employees |
|       |
| Board members or other management (name, address, telephone number and email address) |

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| 1. **Grant to which the application refers**
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|       |  |       |
| Name of grant (if applicable) |  | The Government Offices’ reference number (if applicable) |
|       |  |       |  |       |
| Ministry that approves the grant (if the applicant knows) |  | Amount  |  | Currency |
| 1. **Planned activities**
 |
|       |
| Purpose and objectives of the activities against which the results will be reported |
|       |
| Target groups |
|       |
| Planned activities |
|       |
| Provide details of your own contribution |
|       |
| The need for the planned activities |
|       |
| The period during which the activities will be carried out |
|       |
| How does the applicant intend to gender mainstream the activities? |
| There will be collaboration with the following companies, government agencies, organisations and institutions |
|  | In cooperation with | Describe the envisioned collaboration (max. 255 characters) |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  |
|       |
| Which activities will be carried out if only part of the grant applied for is awarded? |
| 1. **Funding of activities**
 |
| All amounts must be given in the same currency. | Please state currency       |
| Grant sought from the Government or the Government Offices via this application |             |

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| Grants sought or received from other government agencies for implementation of the activities |
|  | Government agency | Amount requested | Amount received |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
|  | **Total:** |       |       |
| Grants for implementation of activities have also been sought or received from the following donors |
|  | Donor | Amount requested | Amount received |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
|  | **Total:** |       |       |
| Other revenue |
|  | Funding details | Amount received |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
| Own contribution |       |
|  |
|  |
| 1. **Activity budget**
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| All amounts must be given in the same currency. | Please state currency       |
| **Revenue and own contribution** |  |
| Total |       |
| **Costs**Salaries and social insurance contributions |
|  | Function (e.g. project manager) | Amount |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
|  |  | Amount |
|  | Office costs |       |
|  | Travel costs |       |
|  | Audit costs |       |
|  | **Total:** |       |
|  |
|  | Other costs | Amount |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
| **Total costs** |       |
|  |
| 1. **Skills requirement regarding the activities covered by the grant application**
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|       |
| Describe the applicant’s prospects of carrying out the activities described. |
|       |
| Specify activities that have previously been conducted. |
|  |  |
| Please attach the applicants anti-corruption policy or the equivalent. | Please attach the applicants risk analysis concerning the activity of the envisaged grant. |
|       |
| Other information that the applicant wishes to present to confirm his or her skills to carry out the activities and achieve the specified goals. |
|  |
| 1. **References**
 |
| Reference 1 |  | Reference 2 |
|       |  |       |
| Name |  | Name |
|       |  |       |
| Address |  | Address |
|       |  |       |
|  |  |  |
|       |  |       |
| E-mail address |  | E-mail address |
|       |  |       |
| Telephone number including area code |  | Telephone number including area code |
| 1. **Previous grants from the Government Offices or other agencies**
 |
|  |
|  | Donor | Reference number |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
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| 1. **Payment of grant**
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|  |
|       |  |       |
| Name of the person authorised to requisition funds |  | Personal identity number or date of birth |
|       |  |       |
| E-mail address |  | Telephone number including country and area codes |
|       |  |       |
| Name of bank |  | Account number |
|       |  |       |
| Bank code (IBAN, SWIFT, ABA or similar code) |  | Account holder |
|  |  |  |
| 1. **Reports**
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|  |
|       |
| Name of the person responsible for reporting |  |  |
|       |  |       |
| E-mail address |  | Telephone number including country and area codes |
|       |
| Postal address |
|  |  |  |
| 1. **Other information in support of the specific grant**
 |
|       |
|  |
| 1. **Other matters**
 |
| **The following documents must be attached to the application*** The annual report for the most recent financial year.
* The auditor’s report for the most recent financial year.
* The balance sheet and income statement for the most recent financial year or similar certificate of registration from the country of residence of the applicant organization.
* Applicable bye-laws or memorandum of association.
* Records or other documents that certify authorised representatives. If the document is not an original, it must be certified as a true copy.
* Population registration certificate if the applicant is not a legal person.
* Anti-corruption policy or the equivalent (if the applicant has one).
* Risk analysis concerning the activity of the envisaged grant (if the applicant has one).
* Other documents that can be presented to support the specific grant.

**Repayment obligation*** As specified in the conditions for the grant, the recipient may be obliged to repay all or part of the grant.

**Changes to contact information*** The Government Offices must be notified if changes are made to the contact information provided in the application.
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|  |  |  |
| 1. **Signature of authorised representative**
 |
| * *The applicant understands that the donor and the administrative authority only process and save the personal data submitted for the purposes for which it was collected. The legal basis for the processing is public interest or the exercise of official authority. If you would like more information on how the Government Offices processes personal data,* [*read the Government Offices’ privacy policy*](https://www.government.se/about-the-website/the-governments-privacy-policy/)*.*
* *The applicant solemnly declares that the information provided is correct and assures that the grant will be used in accordance with this information.*
* *The applicant has read and accepted the Conditions for grants.*
 |
|       |  |  |
| Date |  | Signature |
|  |  |       |
|  |  | Name in block letters |