

**APPLICATION FORM**

**CALL FOR PROJECTS**

**D-Med 2024, supporting youth in the Mediterranean**

Proposed by **civil society organisations from Mauritania, Morocco, Algeria, Tunisia and Lebanon,** in partnership with organisations from the Eastern, Western, Northern or Southern shores of the Mediterranean

(Monaco, France, Spain, Italy, Malta, Portugal).

**Calendar:**

**Call Launch: October 25, 2023**

**Closing date of the Call: 5 January 2024**

**Announcement of the winners: Early February 2024**

**Project implementation: From 01.03.2024 to 28.02.2025**

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Auto-generated descriptionAn image containing Text, Font, Logo, Graphic

Auto-generated description

**IS MY ORGANIZATION ELIGIBLE ?**

*(Check the correct boxes)*

* My organization is:

A non-governmental organization (an association or community centre)

An economic and social organization (a cooperative)

An Academic institution (university, research institute, etc.) engaged in a social project.

* My organization has been duly registered, for at least 1 year, with the authorities in one of the following countries: Mauritania, Morocco, Algeria, Tunisia, Lebanon.
* My organization is active in the following area(s):

Education (including projects with a technological dimension),

Culture & Sport

Training and professional integration,

Social and Solidarity Economy

Girls/Women Empowerment

Climate Change Adaptation and Environmental Protection

* I have read the Rules of this Call for Projects and its selection criteria:

**Congratulations!**

**We are pleased to have you as one of the**

**Our Candidates**

**MY PROJECT IN A NUTSHELL!**

*(You can complete the entire form in English or French)*

Project Title: *(choose a short title)*

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Project Summary: *(100 words maximum)*

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Area(s) targeted by the project?

Education, Vocational Training

Culture

Sport

Child Protection

Strengthening Girls and Women

Entrepreneurship, employability

Climate Adaptation and Environmental Protection

Location of the project:  *(city(s), village(s), region(s); it is advisable to limit the intervention area)*

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Project duration:  *(from dd/mm/2024 to dd/mm/2025)*

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Budget requested: *(Expressed in euros. As a reminder, the endowments are up to a maximum of 15,000 euros. 85% of the subsidy will be paid at the beginning of the project and 15% will be paid after receipt of the interim report. The exchange rate applied will be set at the time of payment)*

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My project is set up in consortium with: *(partner CSO)*

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| --- | --- |
|  |  |
|  |  |

**MY ORGANIZATION:**

Name

Mission

Date Created

Address

Country

Email

Phone number (with country code)

Website, Facebook page, Instagram, LinkedIn (if you have any)

First name LAST name of the legal representative and position

Number of employees/volunteers (specify)

Last year's budget in local currency (specify currency)

Your organization's main or recent sources of funding

Name any recent projects or initiatives (last 3 years) that you have carried out

**MY NO. 1 PARTNER:**

*(Mandatory: Torespond to this call for projects, your partner must be based in a country other than yours, e.g. my association is based in Mauritania and my partner is based in Morocco. If you're having trouble identifying a partner, please visit the https://jmed-aap.org/communaute-j-med/ page of our site)*

Name

Mission

Date Created

Address

Country

Email

Phone number (with country code)

Website, Facebook page, Instagram, LinkedIn (if you have any)

First name LAST name of the legal representative and position

Number of employees/volunteers (specify)

Last year's budget in local currency (specify currency)

Your organization's main or recent sources of funding

Name recent projects or initiatives (last 3 years) to which you have contributed

**MY PARTNER N°2:**

*(Optional, add as many partners as needed)*

Name

Mission

Date Created

Address

Country

Email

Phone number (with country code)

Website, Facebook page, Instagram, LinkedIn (if you have any)

First name LAST name of the legal representative and position

Number of employees/volunteers (specify)

Last year's budget in local currency (specify currency)

Your organization's main or recent sources of funding

Name recent projects or initiatives (last 3 years) to which you have contributed

**MY PROJECT IN DETAIL:**

*(Add as many lines as necessary)*

1. **PRESENTATION**

**1.1** Its Objective:

**1.2** The challenge/problem identified by the project and its impact on the target population: *(a brief analysis of the situation in no more than 100 words)*

**1.3** The solutions and actions proposed by the project to meet the identified challenge and improve the situation of the affected populations: *(100 words maximum)*

**1.4** Concrete results to be achieved: *(maximum 3 outcomes)*

**1.5** Project targets, direct and indirect beneficiaries: (*Profile, number, etc.)*

**1.6** Project activities listed in chronological order (*specify implementation dates):*

|  |  |
| --- | --- |
| *Date* | *Activity 1:* |
| *Date* | *Activity 2:* |
| *Date* | *Activity 3:* |
| *Date* | *Activity 4:* |
| *Date* | *Activity 5:* |

*(Add as many lines as necessary)*

**1.7** Other partners involved: *(public and private institutions, associations, etc.)*

**1.8** What actions are recommended for the sustainability of the project? *(For example: Establish an evaluation process to measure the impact of the project on the target community, and adjust activities accordingly.)*

1. **MAIN CONTACT**

First name NOM  *(person in charge of the project)*

Function

Email

Mobile phone with country code:

*(If the project is carried out in partnership with another entity, please also provide the relevant contact information)*

Name and Surname

Organization

Title/Position

Email

Mobile phone with country code:

1. **BUDGET**

**3.a Synthetic budget**

|  |  |
| --- | --- |
| **BUDGET** | **AMOUNT (in euros)** |
| Grant Requested |  |
| Amount of othersubsidies (10% minimum) |  |
| **TOTAL** |  |

**3.b Detailed budget**

**IMPORTANT:**

Please provide a detailed budget in the format of the Excel table *(JMED2024\_Budget)* to be downloaded from this page: <https://jmed-aap.org/aap-edition-4/>

**MY APPLICATION FILE:**

The forms mentioned below can be downloaded from the page: <https://jmed-aap.org/aap-edition-4/>

**1. FUNDING REQUEST LETTER**

To be completed according to the template provided and to be signed by the legal representative of the applicant organization: *(JMED2024\_Financing\_request)*

**2. THE PROJECT PROPOSAL**

* This completed application form: *(JMED2024\_Form)*
* The budget according to the specified format: *(JMED2024\_Budget)*
* **Optional:** A video presentation (1 minute maximum) or a photo montage (5 photos maximum) if the candidate wishes.

**3. ADMINISTRATIVE DOCUMENTS**

*(PDF and JPEG formats are accepted)*

**For associations and cooperatives:**

* Certificate of registration
* Statutes
* List of members
* Latest Reports: Narrative and Financial
* Full banking information (Account name, address, bank name, account number, IBAN if available, bank swift code)

**For private sector entities and universities:**

* Certificate of registration
* Statutes
* Full banking information (Account name, address, bank name, Account number, IBAN if available, bank Swift code)

*The fund's partners reserve the right to request additional administrative documents from this category of applicants.*

**Make sure you have all the required paperwork.**

**Incomplete applications will not be considered.**

**BEFORE I SUBMIT MY APPLICATION:**

**Tell us how you heard about the Jmed PAA:**

Social networks, internet, personal network, etc. or if you are an IECD partner, a former J-MED winner, some [Department of International Cooperation Monegasque](https://cooperation-monaco.gouv.mc/en), [French Ministry for Europe and Foreign Affairs](https://www.gouvernement.fr/ministere/ministere-de-leurope-et-des-affaires-etrangeres) and [Fondation de France](https://www.fondationdefrance.org/fr/):

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**By submitting my application, I accept that the information contained in this form may be shared by the IECD and its partners in the context of the execution of this call for projects**

**I agree:**

If you haven't forgotten anything, you can send us your complete file by email to :

[***aap@iecd.org***](mailto:aap@iecd.org)

If your documents are too large, you can send them via the platform [: https://wetransfer.com/](https://oniecd.sharepoint.com/sites/IECD-RseauMedNC/Documents%20partages/MedNC%20-%20Projets/AAP%20Méditerranée/Edition%202023/Dossier%20candidature%202023/:%20%20https:/wetransfer.com/)

If you are having trouble filling out this form,

write to us at the same address ([aap@iecd.org](mailto:aap@iecd.org) )

**GOOD LUCK!**