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|  | U.S. Embassy Tashkent Grants Program**APPLICATION FORMAT** |
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**Read carefully the instructions supplied with this document.**

The applications that do not follow the guidelines and the instructions provided with this form will not be reviewed.

**1. GENERAL INFORMATION:**

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| **1.1. Applicant Organization** |

a. Organization (English):

b. Organization (Original):

c. Address:  d. City/Town:  e. District:

f. Website:  g. Tax Code:

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| **1.2. Organization leader** |

a. Last Name:  b. First Name: c. Title:

c. Tel:  d. Mob:  e. Fax:  f. E-mail:

**2. BACKGROUND OF ORGANIZATION:**

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| **2.1. Description** |

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| **2.2. Past Grants (U.S. Embassy)** |

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| **2.3. Past Grants (Other)** |

**3. PROJECT DESCRIPTION:**

**3.1. Project information**

a. Project Name:

b. Duration (months):  c. Start date (mm/dd/yyyy):  d. End date (mm/dd/yyyy):

**3.2. Executive summary:**

**3.3. Project Justification:**

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| **3.4. Project Goal and Objectives** |

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| **3.5. Project Activities** |

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| **3.6. Monitoring and evaluation** |

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| **3.7. Key Personnel** |

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| **3.8. Project Partners** |

N/A

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| **3.9. Strengths and Innovation** |

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| **3.10. Sustainability** |

**4. BUDGET:**

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| **4.1. Budget Summary** |

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| **Category** | **Description/details** | **Requested** |
| Personnel |  | $0.00 |
| Fringe Benefits |  | $0.00 |
| Travel |  | $0.00 |
| Equipment |  | $0.00 |
| Supplies |  | $0.00 |
| Contractual |  | $0.00 |
| Other Direct Costs |  | $0.00 |
| Indirect Costs |  | $0.00 |
| **Total Requested:** |  | **$0.00** |
| Contributions |  | $0.00 |
| **Project Total** |  | **$0.00** |

**Note: Please submit a detailed budget in a spreadsheet format**

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| **4.2 Budget narrative** |

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| **4.3 Miscellaneous** |

**5. Certification:**

By signing this application, I certify that the statements contained in this form are true, complete and accurate to the best of my knowledge.

I am aware that any false statements or claims may disqualify my organization from receiving this and any future awards.

[x]  I agree

By marking the checkbox below I certify that I have read and understood the instructions provided with this form before filling out this document

[x]  I have read the instructions provided with this form

Signature of Authorized Representative:

Date Signed: