

# FUND FOR THE ELIMINATION OF DOPING IN AD:002A SPORT

# **Regional Project: Application Form<sup>1</sup>**

Request No.

Name of State Party submitting the request:

Names of all Member States involved in the project:

Title of the project:

**Description:** 

**Reference to the Fund's priorities:** 

<sup>&</sup>lt;sup>1</sup> This form is to be used for all sub-regional, inter-regional or regional projects

Reference to the articles of the Convention:

Objectives to be achieved by the project:

Capacity-building:

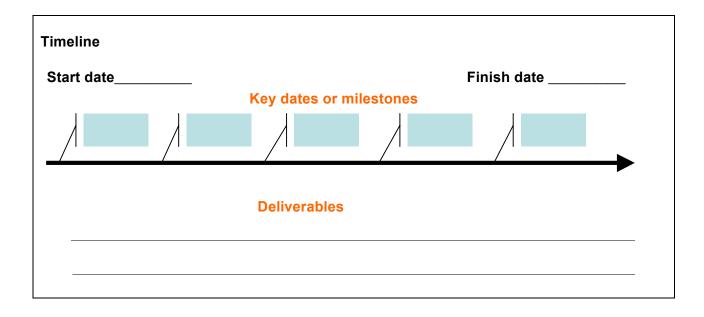
Consultation:

Detailed work plan:

Impact and follow-up:

Communication and visibility:

Theory of Change for increased compliance:



## Funding requested from UNESCO

ltem <sup>2</sup>	Detailed description	Cost US\$
Consultants		
Travel		
Document production		
Contracts		
Communications		
Office supplier		
Rental of equipment or furniture		
Rental of meeting or conference rooms		
Hospitality		
Miscellaneous		
	TOTAL REQUESTED	

# Applicant's contribution to project:

Non-financial contributions:

#### Financial contributions:

ltem	Description	Cost US\$
	TOTAL	CONTRIBUTION

 $<sup>^{2}</sup>$  These are possible items of expenditure. Items may be added or removed as appropriate.

#### Partner contributions:

Non-financial contributions:

Contributing government	Description

Financial contributions:

Contributing government	Item	Description	Cost US\$
		TOTAL CONTRIBUTION	

What is the total budget of the project? US\$\_\_\_\_\_

Are there any other sources of funding? \_\_\_\_\_

How much funding is requested from the Fund? US\$\_\_\_\_\_

## To which annual funding round are you applying?

First round Second round

Applicant: Organization making the application

The Organization making the application is the National Commission for UNESCO

#### or a Government Authority

Name of Organization:	
Street address:	
Postal address:	
Project focal point:	
Telephone:	Facsimile:
Email:	Website:

### Organization responsible for carrying out the project

Organization:	
Street address:	
Project focal point:	
Postal address:	
Telephone:	Facsimile:
Email:	Website:

#### Has this State Party already completed any projects under the Fund? Yes No

If yes, please list the dates on which the following items were transmitted to UNESCO:

An itemized signed financial statement: \_\_\_\_\_

A detailed evaluation report: \_\_\_\_\_

The Applicant commits to submitting an evaluation report on the execution of the

project and a signed financial statement at the end of the project	Yes
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In case the organization responsible for carrying out the project is different from the organization making the application, please indicate the responsibilities of each party involved:

The organization responsible for carrying out the project is aware of the Fund's

procedures, rules and regulations indicated in the Handbook

Yes

Date

Stamp and signature Full Name and Position