**FUND FOR INNOVATION LATIN AMERICA AND THE CARIBBEAN**

**APPLICATION FORM**

**A–INFORMATION ABOUT THE ORGANIZATION**

1) Name of the Organization:

2) Foundation date:

3) Name and surname of the contact person:

4) Email:

5) Web page:

6) Telephone number:

7) Address:

**B–PROJECT INFORMATION**

1) Project title:

2) Country and province/ Department where the project will take place:

3) Mark **with a cross** the thematic line to which your project corresponds to:

|  |  |
| --- | --- |
|  |  |
| Enabling environment |  |
| Transparency and accountability |  |

4) Estimated duration of the project (please, indicate starting month and ending month)

5) Project summary

6) Mention the main objectives of the project

7) Mention the project activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Starting month** | **Finishing month** | **Activity** | **Resources/ elements required for this activity** |
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8) Who will benefit from the project and how?

9) Is this a new or an existing project?

10) Is this a co-created project? If so, which organizations/actors were part of that co-creation?

**C – BUDGET SUMMARY**  **(IN LOCAL CURRENCY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRODUCTS/ITEMS** | **Contribution made by Fund for Innovation LAC**Local currency | Organization that implements the project Local currency | Other contributorsLocal currency |
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| **TOTAL** |  |  |  |

Note: Attach pro - form invoices of the suppliers of all the articles that will be purchased with the contribution made by the Fund for Innovation LAC.

This form was presented by:

Full Name and position in the organization:

Signature:

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Date: