###### **Doc 2: Project Presentation Form**

*Reserved to ACCOBAMS Permanent Secretariat*

Form reference:

**A. THE APPLICANT**

1. **Identity**

|  |  |
| --- | --- |
| Full legal name |   |
| Acronym |   |
| Legal status |   |
| Official address |   |
| Contact person |   |
| Telephone number |   |
| Fax number |   |
| E-mail address |   |

1. **Description of applicant**
	1. When was your Organization founded, and when did it start its activities?
	2. What are the main activities of your Organization?
	3. Will the project be implemented in collaboration with a partner Organisation?

 **Yes** **[ ]  No** **[ ]**

If Yes, please indicate:

 **- the identity of the partner:**

|  |  |
| --- | --- |
| Full legal name |   |
| Acronym |   |
| Legal status |   |
| Official address |   |
| Contact person |   |
| Telephone number |   |
| Fax number |   |
| E-mail address |   |

 **- the role of the partner:**

**B. THE PROJECT**

1. **Description**
	1. **Title**
	2. **Coordination**
	3. **Location**

Provide here a brief description of the area in which the project will be carried out (Please attach a map to this document).

* 1. **Duration**
	2. **Countries participating in the project**
	3. **Objectives** (maximum 150 words)
	4. **Justification**

Please indicatehow the activities contribute to the ACCOBAMS objectives, with special reference to the ACCOBAMS Conservation Plan and reference of the appropriate ACCOBAMS Resolutions (maximum 250 words).

* 1. **Activities to be carried out and timetable**
	2. **Expected outputs and methodology** (maximum: 400 words)
	3. **Impacts and sustainability**

Please describe the expected impacts that the project will have and the plan to sustain and build upon them (maximum: 400 words).

* 1. **Budget estimates**

Please provide for each activity a breakdown of

* personnel
* non-consumable equipments
* consumables
* travel
* field work
* other (specify).

Please provide all budget costs in Euros. If the financial arrangements for the project include any other financial support for an extra-funding, please provide detailed information on the amount(s), the donor(s) and the relevant commitments. Please also indicate any “in-kind” contributions to the project and their value.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Categories** | **Applicant** | **Partner** |
| **Budget requested to ACCOBAMS** | **Co-funding***(in-kind or from other sources)* | **Budget requested to ACCOBAMS** | **Co-funding***(in-kind or from other sources)* |
| **Activity 1** | Personnel *(Please specify)* |  |  |  |  |
| Non-consumable equipments *(Please specify)* |  |  |  |  |
| Consumables *(Please specify)* |  |  |  |  |
| Travel *(Please specify)* |  |  |  |  |
| Field work *(Please specify)* |  |  |  |  |
| Other *(Please specify)* |  |  |  |  |
|  |  |  |  |  |  |
| **Activity 2** | Personnel *(Please specify)* |  |  |  |  |
| Non-consumable equipments *(Please specify)* |  |  |  |  |
| Consumables *(Please specify)* |  |  |  |  |
| Travel *(Please specify)* |  |  |  |  |
| Field work *(Please specify)* |  |  |  |  |
| Other *(Please specify)* |  |  |  |  |
|  |  |  |  |  |  |
| … |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  |
| **GRAND TOTAL** |  |

* 1. **Issues relevant to transfer of technology**

The project should include the concept of transfer of technology, with detailed proposals. Please provide information.

* 1. **Links with other initiatives**

(Remark: the Secretariat might consult with other Organisations if the Project activities were submitted to them for funding or are complementary to activities having received funding from them.)

Please indicate here if the proposed activities:

- (i) were presented for funding under other initiatives/Organisations:

 **Yes [ ]  No [ ]**

If Yes please indicate the initiative/Organisation.

- (ii) have direct links or are complementary to other activities having received funding from other Organisations:

 **Yes [ ]  No [ ]**

If Yes please indicate such link or complementary.

**C. DECLARATION OF THE APPLICANT**

“The information submitted in this application is true, to the best of my knowledge, information and belief. Should any significant developments arise after this application is made, I shall notify ACCOBAMS Secretariat. I consent the information contained in this application being held on computer and circulated to the national Focal Point, the Bureau and the Scientific Committee.”

Date, Signature