



FUND FOR THE ELIMINATION OF DOPING IN SPORT

AD:002A

Regional Project: Application Form¹

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:

¹ 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:

Timeline

Start date _____

Finish date _____

Key dates or milestones



Deliverables

Funding requested from UNESCO

Item ²	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:

Item	Description	Cost US\$
TOTAL CONTRIBUTION		

² 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

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*