# ATTACHMENT A: APPLICATION FORM

## GENERAL INFORMATION

1. Organization name: Click here to enter text
2. Date organization was founded and registration status: Click here to enter text
3. Contact information:

|  |
| --- |
| **Key contact person(s) and title:** Click here to enter text |
| **Office address:** Click here to enter text | Office Phone: Click here to enter text |
| **Mobile:** Click here to enter text | Fax: Click here to enter text |
| **Email:** Click here to enter text | Website: Click here to enter text |

##  ORGANIZATIONAL CAPACITY (no more than 2 pages)

1. Could you please briefly describe your amalgamated territorial community (ATC)?
2. What problems do you face in the clean energy area?
3. Please describe shortly the activities of your ATC to resolve these problems.

Please fill in the list of previously implemented projects, including related to clean energy issues / capacity building issues:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | SOURCE OF FUNDING/DONOR | PROJECT TITLE  | PERIOD | BUDGET | TYPE OF GRANT (CASH GRANT/IN-KIND, ETC.) |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

1. Have you ever received any capacity-building support from donors? Please indicate Yes/No/Partially and describe briefly.
2. Does your organization have experience in cooperation with donor organizations, including USAID? Please indicate Yes/No/Partially and describe briefly

## motivation and TECHNICAL APPROACH (no more than 2 pages)

1. What is your motivation for applying for the ESP capacity-building grant?
2. Please describe the capacity-building problem you would like to resolve and the results you plan to achieve with the help of a capacity-building grant.
3. Please list three most vital needs which, if met, will help you to resolve the capacity-building problem you have.
4. Please develop detailed steps to meet the needs and to achieve the expected results.
5. Please identify potential obstacles in implementing this activity and offer solutions to these potential challenges

## ADDITIONAL REFERENCES

1. Please provide the contact information for additional references from previous donors or organizations that your organization has collaborated with. These additional referees may be contacted by ESP in case additional information on your organization is required.

|  |  |  |  |
| --- | --- | --- | --- |
| DONOR AGENCY OR ORGANIZATION | TITLE OF PROJECT, LOCATION | START and END DATES OF COLLABORATION | CONTACT PERSON |
|  |  |  | Name and Position: Email:Tel: |
|  |  |  | Name and Position: Email:Tel: |
|  |  |  | Name and Position: Email, Tel: |