

ANNEX 2: APPLICATION FORM

This is an application form for eligible organisations to apply for grant financing from the Climate Ambition Support Alliance Opportunity Fund.

This application contains three sections:

- (a) Company Information
- (b) Project Plan
- (c) Self-Declaration

Office Use Only
Application No. _____
Date Application Checked: _____ day/month/year

A – Company Information				
1. Organisation name				
2. Location of organisation headquarters		City:	Province:	Country:
3. Name and title of company representative completing this application form		First name:	Last name:	Job position:
4. Contact information of company representative		Telephone:	Mobile:	Email:
5. Have you received a funding from CASA before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details:
6. Have you participated in CASA supported activities programmes previously?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details:

B - Project/Activity Plan	
7. Please describe the constraint/opportunity that you want to address through the CASA funding.	
<i>(Instruction: please add in a narrative form, and as clearly as possible, the challenges, gaps that you would like to address.)</i>	
8. Please describe how the activities will support CASA objectives:	
<ul style="list-style-type: none"> - Improved capacity of Global South negotiators from diverse backgrounds, including indigenous groups, various genders, and ages in the run up to climate negotiations - Increased number of developing country negotiators in Global South supported to better participate, engage, and push for ambitious climate change negotiations and overcome intersectional challenges - Initiatives are launched that support progress on implementation, in line with supported groups workplans - Global South suppliers successfully benefitting from the CASA2 supported Opportunity Fund 	
9. What results are you targeting following this project?	

10. If any, what steps are you taking to maximise the involvement of women in this project? Consider both the providers and the recipients of activities, as well as the project's intended impact.																					
11. If any, what steps are you taking to maximise the involvement of young people from disadvantaged groups in this project? Consider both the providers and the recipients of activities, as well as the project's intended impact.																					
12. If any, what steps are you taking to maximise the involvement of indigenous peoples in this project? Consider both the providers and the recipients of activities, as well as the project's intended impact.																					
13. What will happen if CASA does not provide you with funding?	<p>The project will not proceed because:</p> <p>The project will go ahead, but with reduced impact because:</p> <p>The project will be delayed/postponed because:</p> <p>The project will go ahead as planned.</p>																				
14. Expected Start date of the Project																					
15. Expected End date of Project																					
16. Expected duration of project	_____ days																				
17. Please list the personnel who will be involved in the project implementation.	<table border="1"> <thead> <tr> <th><i>Name (First and last name)</i></th> <th><i>Expertise area</i></th> <th><i>No. of days required</i></th> <th><i>Daily fee rate (GBP/£)</i></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<i>Name (First and last name)</i>	<i>Expertise area</i>	<i>No. of days required</i>	<i>Daily fee rate (GBP/£)</i>																
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	Total fees	£																			

18. Please list the expenses required for the project.	<i>Expense type</i>	<i>Cost</i>	<i>Quantity</i>
	<i>Total expenses</i>		£
19. Estimated cost of project	<i>Total cost £</i>		

20. Please provide a breakdown of project activities	<i>Description of activity</i>	<i>Project Milestone / Deliverable</i>	<i>No. of days</i>	<i>Start Date</i>	<i>End Date</i>

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C - Self-Declaration

[Insert name of organisation] declare that I/we:

- Are willing to fully cooperate and share required information with DAI for the purpose of undertaking the Business Diagnostic and receiving future assistance;
- Have not been guilty of grave professional misconduct;
- Have not been the subject of a judgment for fraud, corruption, bribery, involvement in a criminal organisation or any other illegal activity detrimental to the CASA project;
- Have fulfilled or are willing to fulfil obligations relating to the payment of social security contributions and the payment of taxes in accordance with the legal provisions of the country in which my/our organisation is (or will be) operational for the programme;
- Are in compliance with national environmental regulations and requirements;
- Have no potential conflict of interests or any equivalent relation in that respect with CASA, DAI staff, DESNZ staff AT the time of the submission of this application;
- Will inform DAI immediately if there is any change in the above circumstances at any stage during our engagement with CASA; and
- Will inform DAI promptly of any changes in my/our organisation’s officers, name, legal status, address, and/or telephone/email.

"CASA management reserves the right to examine and approve every applicant and application submitted to it in accordance with the project's current procedures. By submitting your application, you accept to be subject to the project's procedures for such examinations and to whatever decision the project management takes on whether to accept or reject your application. The project management and project donors are under no obligation to divulge the reasons for rejecting your application should the project management decide to do so. You also undertake that you will not hold the project management or the project donors responsible for any consequences whatsoever arising from the rejection of your application should such rejection occur."

Signature of authorised representative _____

Name and position of authorised representative _____

Date: _____
Day/Month/Year