



Project: Cultural Routes for Sustainable Social and economic Development in Mediterranean - CROSSDEV
Financed by the ENI CBC MED Programme

Ref. n. A_A.1.3_0090

Sub-grants for local authorities

CROSSDEV Project, Palestine

CISP

Application Form

for sub-grant applicants

Deadline for submission of applications: 27/12/2020

Title of the action:	
Location of the action:	<specify area(s) or town(s) that will benefit from the action>
Name of the applicant (local authority)	
Name of the person representing the applicant	

Applicant's contact details for the purpose of this action	
Postal address:	
Telephone number:	
Mobile Number:	
Contact person for this action:	
Contact person's email:	



INSTRUCTIONS FOR DRAFTING THE APPLICATION FORM

The applicant should:

- include Page 2 of this document, filled in and submitted as a cover page.
- include Page 4 Summary of the Action.
- include the Narrative description of the action (Page 5) not exceeding 2 pages, the Relevance of the action (Page 6) not exceeding 2 pages and the Sustainability of the action (Page 6) not exceeding 2 pages.
- provide the Detailed Budget Form (Annex 2) filled.
- provide copy of the valid Registration at the Ministry of Local Governance.
- fill the information in all the sections of this form
- provide complete information
- draft the text as clearly as possible to facilitate the evaluation process

1. SUMMARY OF THE ACTION

Please complete the table below:

Title of the action:	
Location(s) of the action: specify city / village / area that will benefit from the action	
Total duration of the action (months): (The duration of the action is equal or higher than the minimum allowed in section 1.4.2 of the guidelines).	
Requested EU/CROSSDEV contribution (amount) (the amount requested must not be lower than 3.700 NIS and not higher than 11.100 NIS, as per section 1.3 of the guidelines).	<amount in NIS>
In case of applicant contribution – total amount of contribution	[amount in NIS]
Total budget including CROSSDEV and applicant contribution	<amount in NIS>
Type of Applicant:	
Target groups ¹	
Final beneficiaries ²	

Detailed Budget Form should be attached.

¹ 'Target groups' are the groups/entities who will directly benefit from the action

² 'Final beneficiaries' are those who will benefit from the action in the long term

2. NARRATIVE DESCRIPTION OF THE ACTION (MAX 2 PAGES)

Please provide all the following information:

- **Briefly outline the type of activities proposed:**

Activity 1.1.1.

Task/Activity' Title:

Task/Activity' description:

Responsible party(s):

Task/Activity' Outputs (Deliverables under each task/activity):

Activity 1.1.2.

Task/Activity' Title:

Task/Activity' detailed description:

Responsible party(s):

Task/Activity' Outputs (Deliverables under each task/activity):

(It is possible to add more sections, if needed to describe more activities)

- **Define and describe the target groups and final beneficiaries** (possibly, specify ages and gender), their needs and constraints, and state how the action will address these needs.

3. RELEVANCE OF THE ACTION (MAX 2 PAGES)

Please provide the following information:

- Explain how the action will contribute to one or more of these objectives:
 - 1.improving / enhancing the Palestinian Heritage trail in the targeted area;
 - 2.creating / improving the services available for tourists and visitors in the targeted area;
 - 3.improving / promoting the cultural - historical sites in the targeted area.
- Describe how the action will contribute to strengthen the community-based tourism in the area.
- Describe how is the action coherent with the formal/official plans for tourism' development or for heritage' protection, already existing in the area (if any).
- Indicate any specific added-value elements of the action.

4. SUSTAINABILITY AND LONG-LASTING EFFECTS (MAX 2 PAGES)

Please provide information about the following:

- The sustainability of your action after the end of the subgrants period
- Is this action part of a larger project or larger activity (implemented by the applicant or other actors) for tourism development or heritage protection in the area?
- How was the community engaged in the preparation of the action?

5. INDICATIVE ACTION PLAN

Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Implementing body
Preparation of Activity 1 (title)							Applicant
Execution of Activity 1 (title)							Applicant
Preparation of Activity 2 (title)							Applicant
Execution of Activity 2 (title)							
<i>(it is possible to add lines)</i>							

6. FINANCIAL AND OPERATIONAL CAPACITY OF APPLICANT

01/12/2020

Guidelines for sub-grant applicants, Local Authorities

Please briefly describe the following:

- Mission of the applicant:
- List of previous experiences in managing similar grants (if any):
- List of previous experiences in tourism development in the area (if any):
- List of previous experiences in heritage promotion/protection in the area (if any):

7. IDENTIFICATION OF APPLICANT

Applicant	
Name of the local authority	
Abbreviation (if any)	
Name of the person representing the applicant	
Registration number with the Ministry of Local Governance	
Official address of registration	
Country of registration	
Legal status (municipality, community council, local council...)	
Website or social media of the organisation (if any)	
Telephone number	

Declaration by the applicant

The applicant, represented by the undersigned, being its authorised signatory in the proposed action, hereby declares that:

- the applicant has the financial capacity and professional competence and qualifications to implement the proposed action.
- the applicant is directly responsible for the preparation, management, and implementation of the action, and is not acting as an intermediary.
- the applicant is not in any of the situations excluding them from participating in contracts foreseen by the applicable legislation
- the applicant is eligible in accordance with the criteria and specifications set out in the guidelines for applicants.

We acknowledge that if we participate despite being in any of the situations for exclusion, or if the declarations or information provided prove to be false, we may be subject to rejection from this procedure.

Signed on behalf of the applicant:

Name	
Signature	
Stamp	
Date	