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|  | **Voluntary Trust Fund**  **Grant Application Form** |

1. **State Applying for VTF Grant (‘Applicant State’)**

|  |  |
| --- | --- |
| Name of State | Click here to enter text. |
| State department or other entity that will have primary responsibility for implementing the project | Click here to enter text. |

***Joint Applicant State(s)***

|  |  |  |
| --- | --- | --- |
| Is this a joint application (i.e. is more than one State applying for VTF funding under this Form)? | yes | no |
| If yes: What is the name of the other State and the department or entity of the other State that will have primary responsibility for implementing the project?  Click here to enter text. | |

***Beneficiary State(s)***

|  |  |  |
| --- | --- | --- |
| Is this a project where other States will benefit (e.g. does the project involve a regional conference or workshop where participants from other States will attend)? | yes | no |
| If yes: Which other States will benefit from the project (if known at the time of application)?  Click here to enter text. | |

1. **Contact Person**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Contact Person | | Secondary Contact Person | |
| Title (e.g. Mr., Ms., Dr.) | Click here to enter text. | Title (e.g. Mr., Ms., Dr.) | Click here to enter text. |
| First Name | Click here to enter text. | First Name | Click here to enter text. |
| Last Name | Click here to enter text. | Last Name | Click here to enter text. |
| Job Title | Click here to enter text. | Job Title | Click here to enter text. |
| Telephone Number | Click here to enter text. | Telephone Number | Click here to enter text. |
| E-mail | Click here to enter text. | E-mail | Click here to enter text. |

1. **ATT Status of Applicant State**

|  |  |
| --- | --- |
| ATT Status of State | Choose an item. |
| What is the current status of ATT ratification and implementation in the applicant State?  Click here to enter text. | |
| If the applicant State is not a State Party to the ATT, **please provide an official letter or note verbale** with your application outlining the steps taken by the State that show a ‘clear and unambiguous political commitment to accede to the ATT’ as required by the VTF Terms of Reference.  Please also provide a brief description here:  Click here to enter text. | |

1. **Project Implementing Partner(s)**

|  |  |  |
| --- | --- | --- |
| Will you engage an implementing partner to help you implement the project (e.g. a UN agency or NGO)? | yes | no |
| Name of Organization | Click here to enter text. | |
| Type of Organization | Choose an item. | |
| If other, specify: Click here to enter text. | |
| What is the role of the organization in the project?  Click here to enter text. | | |
| Is the implementing partner charging overheads or service fees? | yes | no |
| If yes: What amount or percentage is the implementing partner charging?  Click here to enter text. | |
| Will the implementing partner receive the funds directly from the VTF? | yes | no |

1. **Project Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Title | Click here to enter text. | | | |
| Total Budget (USD) | Click here to enter text. | | | |
| Start Date | Click here to enter a date. | End Date | | Click here to enter a date. |
| Project description (max.4500 characters):  Click here to enter text. | | | | |
| Indicate the types of implementation assistance the project will involve: | | | | |
| National Control List  Competent National Authority  National Point of Contact  Reporting  Gap analysis / needs assessment  Legal assistance | | | Export controls  Import controls  Brokering controls  Transit/transshipment controls  Diversion prevention  Record keeping | |
| Other. Please specify: Click here to enter text. | | | | |

1. **Project Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Does the applicant State have a strategy to implement the ATT? | | yes | no |
| If yes: How does the proposed project fit into the strategy?  Click here to enter text. | |
| Specify project phases and the outputs or deliverables associated with each phase:  Click here to enter text. | | | |
| What is the expected impact of the project?  Click here to enter text. | | | |
| What other ATT assistance have you received and how does it relate to the project proposed in this application?  Click here to enter text. | | | |
| Indicate the project’s synergies and cooperation with completed and/or on-going projects:  Click here to enter text. | | | |
| Explain whether and how the project incorporates the following considerations in its planning and implementation: | | | | |
| Gender | Click here to enter text. | | | |
| Sustainable Development Goals | Click here to enter text. | | | |
| Security | Click here to enter text. | | | |
| Environment | Click here to enter text. | | | |
| Regional relevance | Click here to enter text. | | | |
| Other: | Click here to enter text. | | | |

1. **Co-Funding**

|  |  |  |
| --- | --- | --- |
| Is the project receiving funding from another source (co-funding)? | yes | no |
| If yes: What is the status and amount of the co-funding?  Click here to enter text. | |

1. **State’s Contribution**

|  |  |  |
| --- | --- | --- |
| Indicate the State’s in-kind contribution to the project (e.g. personnel, office space, etc.) | Click here to enter text. | |
| Is the applicant State funding any of the project itself? | yes | no |
| If yes: How much funding is the applicant State contributing?  Click here to enter text. | |

1. **Project Controls (Internal Control Mechanisms)**

|  |  |  |
| --- | --- | --- |
| What are the key risks associated with the project? | Click here to enter text. | |
| How do you intend to mitigate or manage these risks (Risk Management Strategy)? | Click here to enter text. | |
| What internal project management mechanisms will you put in place to manage the project? | Click here to enter text. | |
| How do you intend to monitor and evaluate the project? | Click here to enter text. | |
| Commitment to reporting | yes | no |
| Commitment to VTF auditing | yes | no |

1. **Applicant State Signature\***

|  |  |  |
| --- | --- | --- |
| Name and Title | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |

*\*If this is a joint application of two or more States, the signature of a representative of each applicant State is required on the Grant Application Form, and should be added below along with the name and title of each person signing.*