

## APPLICATION GUIDELINE

This guideline provides instructions on how to fill out the WDF application form and specifies what should be included under each section in order to meet WDF's expectations. All WDF projects should align with [WDF's Code of Conduct](#). The guideline also lists the mandatory attachments which you need to submit together with your application.

Carefully go through the guideline before filling out the standard application form:

- Please fill out the WDF standard application form and answer all questions.
- Be concrete, concise and avoid repetition.
- Consider which information is relevant.
- Mandatory attachments are listed on page 2 of the WDF Application Form. Please make sure that all attachments are included before you submit your application to WDF.
- Visit [www.worlddiabetesfoundation.org](http://www.worlddiabetesfoundation.org) to learn more about what WDF supports, how to apply and get inspiration from our toolbox.
- **Questions regarding the application / guideline may be directed to [contact@worlddiabetesfoundation.org](mailto:contact@worlddiabetesfoundation.org)**

### Please note:

- The application form excl. attachments should not exceed 25 pages (Arial type 10, line spacing 1.0). Applications exceeding 25 pages may be rejected.
- Incomplete applications or applications missing mandatory attachments may be rejected without review.

## ELIGIBILITY CRITERIA

WDF funds projects devoted to improving diabetes care and prevention in low- and middle-income countries. For more information about eligible countries and the WDF partnership concept please refer to the [OECD DAC List of ODA recipients](#) and [WDF's Code of Conduct](#).

The applicant organisation should be registered as a legal entity<sup>1</sup>.

## APPLICATION FORM: FRONT PAGE

### Project title

The title of the project should clearly communicate and reflect the overall goal of the project. The title should be maximum 10 words / 70 characters.

### Recipient country, state / province

Indicate where the project will be implemented. Note, that WDF only funds projects in developing countries included on the OECD DAC List.

### Total project budget

Indicate total project budget including co-funding (both cash and in-kind contributions). Make sure that the co-funding is realistic, aligned with the project budget and already confirmed in letters of support (in cash or in-kind). The budget should be stated in EUR or USD.

### Budget requested from WDF

<sup>1</sup> The applicant should be able to sign a contract with a foreign donor and be able to establish a separate bank account for the project grant available for external audit. For Indian applicants, please note that Foreign Contribution Regulation Act (FCRA) registration is required to be able to receive funding from a foreign donor.

Indicate total budget support requested from WDF. Please refer to the WDF website and WDF budget template for the full list of items not funded by WDF.

**Expected start date (dd/mm/yy)**

State the expected commencement date for the project. Note that the indicated project start should be minimum 4 months after the application deadline.

**Total duration**

Indicate the project duration in months.

**WDF identification number**

To be filled out by WDF.

## ATTACHMENTS

**Detailed activity-based budget (WDF standard format)**

WDF standard budget template can be downloaded from the website.

The project budget shall be in USD or EUR. Clearly state the currency of the budget by ticking the relevant box in the right upper corner.

Insert your project outcomes (section 2.4 in the application form) and the outputs into the budget template and use **the same numbering** as used in the application form.

Please include more rows under each outcome, if necessary, or delete rows if not needed.

The budget should be activity-based and itemized.

For each activity specify all related budget items (costs) required to conduct the activity (i.e. training materials, training venue, transport, accommodation). All budget items shall be detailed and justified in the application form.

Specify how many units are needed and the cost per unit.

Break down the costs to intervals of 6 months. For each outcome include subtotals.

Administration overhead support cannot exceed 7% of subtotal.

Other general administration costs cannot be included in the budget on top of the 7% flat rate. The boundary between general administration costs and direct project spending may appear less than clear-cut, but the following types of expenses within the organisation can only be covered by the administration fee:

- Office maintenance (rent, cleaning, office expenses, transport/gasoline, electricity and water, internet, telephone, assistant personnel and other common, indirect operational costs).
- Staffing of head office (and field office, if any) carrying out normal administrative procedures, including: The preparation of applications and other proposals, costs of travel that does not form part of activity-specific monitoring. Recruitment and selection of personnel unrelated to any specific project, meeting activity, contacts and reporting to the WDF Secretariat, general budgeting and accounting tasks not related to the project.
- The organisational leadership's involvement in the cooperation (leadership refers to members of the various governing bodies).

WDF does not support the following items:

- Medication.
- Basic laboratory research or other exclusive research projects.
- Indirect salary costs (see above definition of max. 7% administration overhead).
- Overhead on direct project related salaries.
- Topping up of existing salary schemes.
- Travel grants for conferences, meetings, etc.
- Educational grants, scholarships - long term basic or specialised training.
- Construction of buildings.
- Establishment of parallel structures.

- Heavy equipment (vehicles and tertiary care equipment, unless justified by project design).
- International external consultants (unless justified by project design and limited local capacity).
- North/South approach (unless justified by limited local capacity).
- Per diem/daily or sitting allowances where cost of participation, transport and accommodation is also covered through the project budget.
- Broadcast / radio airtime
- Test consumables (strips, reagents etc.) for long term continuation of activities.
- Contingencies / miscellaneous costs.

**Project indicator framework (WDF standard format)**

See page 7 for instructions.

**Organisational track record (WDF standard format)**

Please include organisational track records for each applicant organisation. The organisational track record should be max. one page per organisation.

**CV of the project responsible (WDF standard format)**

A CV should be included (max. one page) to demonstrate the qualifications of the project responsible incl. technical expertise and project management experience. The project responsible is responsible for daily implementation/management of the project and will be liaising with WDF in application phase.

**Letters of support**

Signed letters of support shall be included from all collaborating partners. The letter(s) shall explain the role of the collaborating partner in relation to the proposed project. The letter shall clearly state the kind of support already confirmed by third parties (i.e., in-kind/cash contribution).

**Country map**

The country map should indicate the project sites and if relevant also the location of the applicant organisation in the same country.

## 1. Applicant Information

*“Applicant” refers to the organisation seeking the grant. The terms applicant and organisation are used interchangeably in the forms.*

### 1.1 CONTACT DETAILS

Fill out the contact information box and include additional boxes if more than two applicant organisations are involved.

“Project responsible” refers to the person responsible for daily implementation/management of the project and the one who will be liaising with WDF in application process.

Tick the boxes to state the legal role of the applicant(s). Please note that one organisation may have multiple roles.

If your project proposal is accepted please note that a separate bank account, subject to independent financial auditing, is required.

In the event that your organisation is subject to other systemic requirements, i.e. a general ledger account, please specify / elaborate.

### 1.2 TYPE OF ORGANISATION

Select the relevant category by ticking of the/markings the boxes and indicate if your organisation is affiliated with other organisations.

### 1.3 DESCRIPTION OF APPLICANT ORGANISATION

**Establishment of organisation**

State when the applicant organisation was established (year).

**Main objectives**

Briefly state the main objectives/mission of the organisation and explain why the organisation was founded.

**Administrative structure and human resources**

Describe how the organisation is administered, managed, and organised incl. who takes decisions/has decision-making authority. Give a brief description of your financial management system. State the number of staff of the organisation and indicate which staff will be part of the project team.

**Collaboration with health authorities**

Describe the applicant organisation's role and how it is positioned in the health care system of the target area. If applicable, describe the formalised collaboration with health authorities.

### 1.4 COLLABORATION WITH WDF

Indicate if your organisation has previously received funding from WDF and state the WDF project number.

Indicate if the application comprises a new project or an extension of another project. If it is an extension, describe how this proposed project is linked to the previous one.

Tick the boxes to indicate where you heard about WDF.

## 2. Project description

### 2.1 NATIONAL AND TARGET AREA CONTEXT

**Diabetes situation**

Describe the diabetes situation in recipient country and target area incl. prevalence data and distribution of diabetes, risk factors, and complications. Estimates from scientific articles can also be included. Highlight any particular conditions relevant for diabetes in your target area.

**Health system and levels of care**

Describe the health system and the care provided at each level of care. Describe the resources available for providing diabetes care at the various levels of care. Include information on how patients are registered and monitored, procurement and supply chain, referral system and public/private health care. Max. 1 page.

**National policies, strategies, and action plans for NCDs/diabetes:** Briefly describe relevant national/regional policies, strategies, and action plans for NCDs/diabetes applicable in the national/target area and explain how the project is aligned with these. Max. 0,5-1 page.

**Other diabetes projects**

Where relevant indicate if other diabetes interventions are carried out by local authorities and other organisations in the area. Provide a brief outline of these projects. If applicable, also include information regarding any WDF-supported projects in your area/country and explain how your project links up with these. You can search for WDF supported projects on [www.worlddiabetesfoundation.org](http://www.worlddiabetesfoundation.org). i.e. are any materials already in place, which can be adapted to the local context and used in your project?

**Poverty focus and target group/beneficiaries**

Describe how the project targets poor or marginalised groups. Describe the target group/beneficiaries of the project.

## 2.2 PROJECT RATIONALE

Based on the national and target area context described in section 2.1, describe the diabetes related issues and problems in the target area and explain how the project will address these. Give a detailed explanation of why the project is required in the area and briefly justify why the project is relevant as a vehicle for solving the challenge(s) it addresses. Describe your organisation's comparative advantage in implementing this project and describe your organisation's legitimacy vis-à-vis target group (i.e. your organisation's relation to the target group and your constituency in the target area). The section should not be longer than one page.

## 2.3 IMPLEMENTING AND COLLABORATING PARTNERS

Describe the roles of all the collaborating partners (incl. your own) and explain the division of tasks and responsibilities.

- Explain who does what
- Fill out the table with information of collaborating partners, and clearly state the role, responsibility, and contribution (in addition to money) of each partner.
- Role: Indicate the role of each partner: i.e., fund holder, implementing partner, technical partner.
- Responsibility: Describe the responsibility and specific tasks of each partner and link directly to planned activities under the proposed project.
- Contribution/technical competencies: state cash and in-kind contributions, and also include the added value of each partner i.e., technical expertise, financial management capacity, project management capacity, IT skills, advocacy, and communication competencies.

For each collaborating partner state name and address of the organisation and state the name of the person directly involved with the project.

## 2.4 OVERALL GOAL AND MAIN OUTCOMES

State the overall project goal as a broad aim/development goal to which the project will contribute. Additionally, formulate up to five outcomes which state what you want to achieve with the project. The outcomes should contribute to the overall project goal. The outcomes should be accomplished through the project. The outcomes should also reflect and address the problems identified and described in the project rationale (section 2.2).

When formulating the outcomes please answer the following questions:

- What (describe what you want to accomplish/what will be changed)
- Who (target group)
- Where (identify place/location)

### Example 1:

#### Overall Goal

Delivery of diabetes services strengthened for diabetes patients to receive care and manage diabetes on a daily basis.

#### Outcomes

1. Targeted health facilities in the project area deliver better diabetes care.
2. Diabetes patients in the project area have enhanced ability to manage their diabetes.

### Example 2:

#### Overall goal

Prevent future generations from developing type 2 diabetes and other noncommunicable diseases.

#### Outcomes

1. School children in the target area have changed dietary behaviour.
2. Policy makers are convinced of the need to address healthy environments in schools.

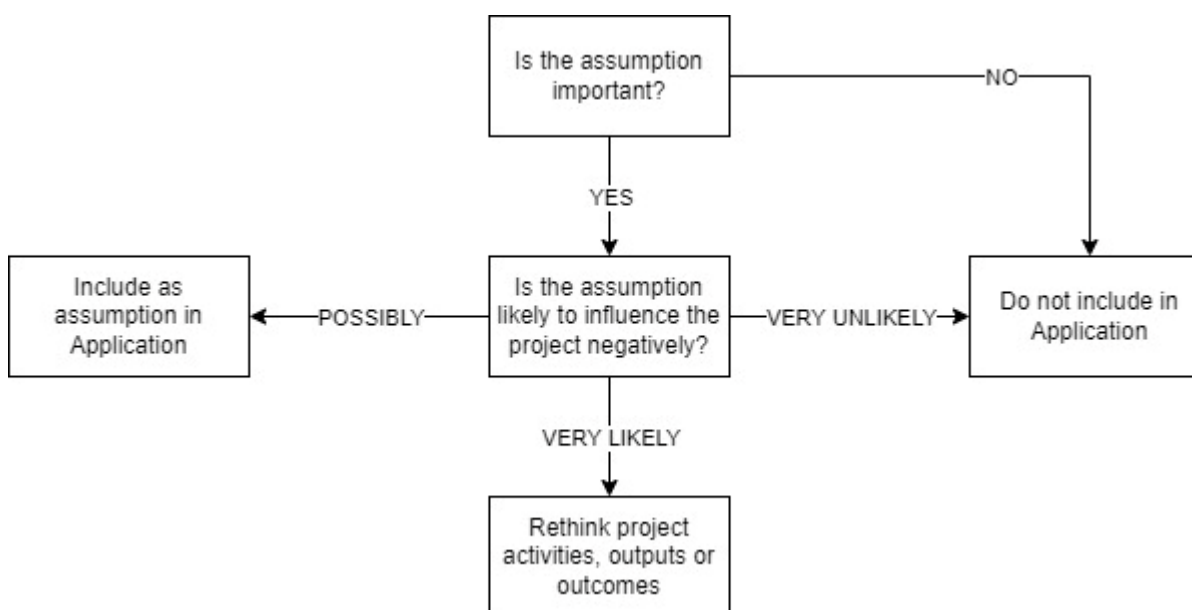
## 2.5 EXPECTED OUTPUTS

The section is a summary of the expected outputs. List the main targets and overall numbers which will be reached during the project. The numbers should be measurable and clearly linked to the project outcomes.

## 2.6 PROJECT ACTIVITIES

This is the key section of the application and should be minimum 3-5 pages. Explain what the project will do to reach the outcomes and how by describing the project activities, the timeline/sequence of activities and the expected outputs of each activity.

Ensure that there is a clear line between the overall goal, outcomes, outputs and activities. This can be done by grouping the activities relating to each outcome together. Clearly indicate how the various components of the project are connected. Specify and justify the type of equipment necessary for the project. Include information on procurement process and maintenance plan. List assumptions that you consider important in ensuring that outputs will lead to the expected outcome (**see how to prioritize assumptions below**). Under each outcome, you should include the important assumptions that are likely to have a negative influence on the project. For each outcome, there might be more outputs which have different assumptions, but these should be described collectively where indicated in the Application Format. See Example 1 and Example 2 for how to appropriately include them.



For each activity please explain:

- What does the activity consist of?
- How will the activity be organised?
- Who (e.g., training faculty) will conduct the activity?

- How will the activity reach the target group?
- What is the frequency and duration of the activity?
- When will the activity take place?
- What types of material will be applied? Will new types of material be developed or will existing materials be revised and used?
- What are the contents of the educational material and training curriculum applied?
- How many staff/people will be trained, sensitised, screened etc.?
- How do the activities link up to the current national health system? Is it a parallel system?

### **Example 1**

#### **Outcome 1: Targeted health facilities in the project area deliver better diabetes care**

##### *Assumptions:*

1. Nurses and CHWs are motivated to receive and use education on diabetes diagnosis, care, and treatment.

Output 1.1: 46 nurses and 46 CHWs are trained in diabetes care.

Activity 1.1.1: Develop training guidelines for diabetes care to be used in targeted health facilities

What? Development of training guidelines for nurses and CHWs.

How? A workshop will be done with selected nurses and CHWs, in order to have their comments, feedback and opinion towards the training guidelines. In order to maintain content validity of the training guidelines, the draft will be thoroughly reviewed by endocrinologists and health educators, and feedback will be incorporated as appropriate.

Who? This activity includes the project manager, district coordinator, two endocrinologists, and one health educator.

Where? The workshop will take place in a designated facility. The draft will be shared through email for review.

When? First milestone of project.

Activity 1.1.1: Build capacity of healthcare providers in diagnosis and basic treatment and care of diabetes.

What? 3-days training on diabetes prevention, diagnosis, and control. The training will include soft skills, counselling skills, guidelines for attending to patients, practical exercises, use of glucometer and blood pressure measurement.

How? The capacity building of the health care providers will get support from a team of expert doctors who have agreed to conduct the training and provide other support.

Who? This activity includes the project manager, district coordinator, field supervisors, expert doctors, and the nurses and CHWs.

Where? Trainings will take place in a designated training facility.

When? Second milestone of project.

Activity 1.1.2: Provide equipment to rural health centres.

What? Glucometer, glucose testing strips and lance set with cleaning material. Two sets for all included rural health centres.

How? We will take three quotations from vendors. A comparison between the quotations will enable the selection of the most suitable vendor to deliver the product.

Who? The project committee.

Where? All included rural health centres.

When? Second milestone of project.

#### **Outcome 2: Diabetes patients in the project area have enhanced ability to manage their diabetes**

##### *Assumptions:*

1. Patients with diabetes are more likely to attend follow-up visits if they have a shorter distance to appropriate healthcare.
2. Patients are motivated to prioritize and understand diabetes as a long-term disease.

Output 2.1: All patients with diabetes received treatment and follow-up

Activity 2.1.1: Provide educational sessions for diabetes patients on diabetes management

What? Weekly educational sessions for diabetes patients on diabetes management. The education will include theoretical and practical sessions with focus on: Hypoglycaemia, hyperglycaemia, diabetic ketoacidosis, self-management, nutrition therapy complications, and community awareness.

How? The educational sessions will be facilitated by trained nurses at the targeted health facilities on a weekly basis according to pre-defined session topics and patient needs.

Who? The 46 trained nurses and patients.

Where? Each targeted health facility.

When? Continuously throughout the project, starting from milestone 3.

Activity 2.1.2: Conduct home-visits by CHWs to individuals with confirmed diagnosis of diabetes

What? Follow-up of diagnosed cases of diabetes along with a recommendation of visiting the hospital on a quarterly basis. Pre-diabetic cases will be monitored, and lifestyle education will be provided.

How? Every rural health centre will keep a register of diabetes cases for each village for follow-up. The CHWs will do home visits weekly to every diabetic person.

Who? Nurses and CHWs.

Where? In all villages within the project area.

When? Continuously throughout the project, starting from November 2021.

Activity 2.1.3: Encourage diabetes clubs

What? Encourage the formation of diabetes patient groups as part of each rural health centre in which a diabetic person and a relative will meet minimum once per month.

How? As part of every rural health centre, a group will be supported by nurses to convene and discuss topics of relevance for the group.

Who? Diabetic persons and nurses.

Where? All rural health centres.

When? From December 2021.

## **EXAMPLE 2**

### **Outcome 1: School children in the target area have changed dietary behaviour**

#### *Assumptions:*

1. Children are motivated to consume more fruits and vegetables.
2. The school, teachers, and parents have the financial capacity to purchase the groceries needed to cook healthy and nutritious food.
3. School children are motivated to consume and learn about healthy and nutritious food.

Output 1.1: 150 teachers and 5,000 parents in the target area trained in healthy and nutritious cooking

Activity 1.1.1: Establish or maintain school kitchens

What? In kitchens that are already established, the project will ensure that these are well maintained to provide cooking classes. If there are no kitchens at the schools, these will be established.

How? Equipment for the kitchens will be procured according to a competitive tender process, and in alignment with Government procurement policies. Item placement plan will be prepared and then installed according to this.

Who? Project manager, project coordinator, local craftsmen with experience in establishing and maintaining kitchens.

Where? At the schools within the target area.

When? First milestone of the project.

Activity 1.1.2: Develop training material on healthy and nutritious cooking

What? To develop training materials to be used in the training of teachers and parents in the target area.



How? To ensure that the training materials are highly relevant and has local ownership and value, we will conduct a workshop with local stakeholders to receive their input on what they believe is important to consider in the development of the training material. We will send out open invitations for the workshop to school directors, teachers, and parents.

Who? Project manager, project coordinator, school directors, teachers, parents.

Where? At a designated training facility.

When? Second milestone of the project.

**Activity 1.1.3:** Provide training to teachers and parents in healthy and nutritious cooking in the school kitchens

What? Training of teachers and parents in the target area. The training will consist of: Physical health, diabetes and NCDs, prevention of diabetes and NCDs, nutrition, cooking, and active learning strategies. The training will include both theoretical and practical content.

How? Training materials have been prepared by the project team in activity 1.1.2, and we have received further feedback from national nutritional experts, and national diabetes societies. We will provide training to teachers and parents in the established or maintained school kitchens. To ensure that we can facilitate effective and interactive trainings for all, we will conduct trainings at each school with teachers and parents related to the specific school.

Who? Project manager, project coordinator, Nutritional Cooking Officer who is part of the project team.

Where? At each school within the target area.

When? Third milestone of the project.

Output 1.2: 20,500 children provided cooking classes at the schools in the target area

**Activity 1.2.1:** Conduct 2,500 cooking classes

What? Conduction of cooking classes for school children where the children learn about the theory of nutritious food, and how to use this knowledge when cooking.

How? The cooking classes will be conducted for students at all class levels. Classes will be conducted every Friday for half of the students with rotation each week, meaning that all students will receive two cooking classes per month.

Who? The cooking classes will be conducted by the trained teachers and the Nutritional Cooking Officer who is part of the project team.

Where? At the schools within the target area.

When? Fourth milestone of the project.

## **Outcome 2: Policy makers are convinced of the need to address healthy environments in schools**

*Assumptions:*

1. The relevant ministries/authorities perceive this project as relevant.

Output 2.1: 27 advocacy meetings conducted

**Activity 2.1.1:** Assessment of gaps in existing policies to support a healthy environment

What? Review of existing policies to identify gaps that needs to be addressed to better support healthy environments in and around schools.

How? We will hire a consultant to review all necessary documents and interview key stakeholders.

Who? Consultant and project manager.

Where? Capital city.

When? First milestone.

**Activity 2.1.2:** Advocacy meetings with relevant authorities

What? Meetings with relevant ministries, and regional/district authorities will be conducted throughout the project. We will conduct six preparatory meetings with regional/district authorities, six policy dialogues with relevant ministries, six follow-up meetings with relevant ministries, and nine meetings with regional/district authorities. The advocacy meetings will focus on implementation of health education and cooking classes in schools.

How? To influence policymakers, we will conduct meetings and involve them in the project from the beginning. The project is aligned with the Government's strategy, but it is flexible in terms of assessing how new approaches can benefit the students if found necessary by the relevant ministries.

Who? Project manager and project coordinator.

Where? Capital and main city of the target area.

When? Throughout the project from first milestone.

Output 2.2: Engaged in five partnerships with relevant actors in the diabetes/NCD field

Activity 2.2.1: Establish partnerships

What? Establishing partnerships with other important actors working in diabetes and NCD prevention (e.g., diabetes associations) to enhance our advocacy efforts.

How? We will set up meetings with relevant national level and local actors to engage in critical dialogue and create learning forums. We will use such meetings and forums to influence policy makers and put more focus on healthy and nutritious cooking at schools.

Who? Project manager and project coordinator.

Where? According to location of other actors.

When? Throughout the project from second milestone.

## 2.7 WDF PROJECT INDICATOR FRAMEWORK

To monitor progress of implementation and to assess the effect of the project you are requested to select a set of standardised WDF indicators to be integrated into the planned monitoring and evaluation of the project.

Please refer to the [WDF Indicator Framework](#) for the full overview. You can also find the catalogue in the second pane of the Indicator Framework form.

WDF indicators are clustered according to the two WDF intervention areas: Care and Primary Prevention. Within each intervention area, the indicators are further clustered into the three levels that projects are operating at: Individual, organisational, and systemic.

Based on your outcomes and planned activities identify the relevant indicators in the framework.

Please select the following set of indicators:

- Process indicators: 'Baseline assessment conducted' and 'Endline assessment conducted' should be included in all projects. Furthermore, select 1-3 indicators to monitor project processes. These are marked with blue background colour in the framework.
- Output indicators: As applicable to the project (i.e., in accordance with planned activities), select the output indicators which are applicable to the project design (according to intervention area and level of operation) to monitor activities and outputs. These indicators are located on their own page in the Indicator Framework ('Output Indicators'). These indicators will form the basis of semi-annual reporting to WDF and are part of WDF's external communication of results.
- Outcome indicators: Identify outcome indicators, which can be used to measure the change resulting from the project. These indicators are located on their own page in the Indicator Framework ('Outcome Indicators'). These indicators are required to be measured as a baseline (i.e., before project implementation) and as an endline (i.e., after project implementation) to assess the potential change.
- Free text: You are also welcome to define additional project specific indicators.

The selected indicators should be inserted in the WDF Indicator Framework. Please ensure that the indicators are correctly inserted into the form so that the type of indicator corresponds with the heading and colour of the cell.

To fill out the form, simply enter the indicator number (e.g. 21.14) in column B. This will automatically insert the indicator text. If the cell returns “N/A”, this means that the inserted indicator belongs to another type of indicator (process, mandatory, clinical etc.). If so, move the indicator number to the right type.

For each selected indicator please explain how it will be measured.

For each selected indicator please state the total target to be reached by the end of the project.

In the “implementation plan” fields please indicate when the different results will be delivered.

## 2.8 MEASUREMENT AND MONITORING OF ACTIVITIES, OUTPUTS, AND OUTCOMES

### **Monitoring plan**

Describe how the activities will be monitored during the course of the project (day-to-day monitoring).

### **Data collection**

Describe how data will be collected to monitor project progress, clarify the means of verification for the expected outputs and explain how they will be measured and quality assured. Explain if existing data collection system/patient registries will be used or if a new system will be set-up and evaluated and by whom.

### **Baseline and endline assessments**

Describe the sampling approach and methods that you intend to apply for collecting data on the selected outcome indicators. This should later form part of baseline and endline reports.

### **Evaluation**

If applicable, describe other planned assessments, e.g., post evaluation, and explain how it will be conducted and by whom (internally/externally).

## 2.9 RISKS

Risks are external hindrances that may obstruct or complicate the project. Describe relevant and realistic assumptions and risks applicable for your project and context and consider how these assumptions and risks can be mitigated. Include all the assumptions that are likely to be violated.

## 2.10 EXIT STRATEGY AND SUSTAINABILITY

### **Phase out**

Describe concrete plans for phasing out, including planned timeframe. Describe how to ensure that target groups are not left in an unfortunate position of dependency when the project is completed.

### **Continuation of project activities**

Describe if/how the main activities will continue. Will the activities feed into existing programmes and thereby sustain the results? I.e.: Have the project developed patient registries which will be maintained at the clinics? Explain how. If applicable, describe how the experiences will be disseminated.

### **Maintenance**

If major equipment (i.e., ophthalmic equipment) is procured during the project, describe how it will be maintained during the project and after completion.

### **Dissemination plan**

Describe how the experiences of the project incl. outputs and outcomes will be gathered, systematised, and passed on i.e., for advocacy purposes. The section should outline the dissemination/communication plan.

## 2.11 PROJECT SUMMARY

**Expected start date**

State the expected commencement date for the project. Note that the indicated project start should be minimum 4 months after the application deadline.

**Duration**

State the duration of the project in number of months e.g., 24 months.

**Brief project outline**

Kindly provide a brief summary of the project incl. overall goal, outcomes, expected outputs, and approach (including activities). The summary shall highlight the main elements of the project and serve as a short introduction. Make sure that the summary corresponds with the rest of the project proposal.

## 3. REFEREES

State the names and contact information of two persons who can verify the applicant organisation's credentials, project implementation capacity and funds management capacity.

The referees shall be independent of the applicant organisation. This means that the referee cannot work in the applicant organisation or be related to the applicant.

Clearly state the work-relation between referee and the applicant organisation(s).

## 4. SIGNATORIES

The application shall be signed by signatories who are able to legally bind the applicant organisation according to the organisation's statutes or by-laws.

If more than one applicant, both parties are requested to sign the application.