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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.*