

**Voluntary Trust Fund**

**GRANT APPLICATION FORM**



This overview section includes a copy of the information you will provide later in the Form.   
We would recommend completing this section just before submitting your Application.

PROJECT OVERVIEW

|  |  |  |
| --- | --- | --- |
| **0.1** | Applicant State | *Please copy your answer from Question 1.1* |
| **0.2** | ATT status of Applicant State(s) | *Please copy your answer from Question 5.1* |
| **0.3** | Project title | *Please copy your answer from Question 6.1* |
| **0.4** | Project duration | *Please copy your answer from Question 6.2* |
| **0.5** | Total budget (US$) | *Please copy your answer from Question 7.1* |
| **0.6** | Project summary | *Please copy your answer from Question 6.3* |
| **0.7** | Project Implementing Partner | *Please copy your answer from Question 4.2* |



1. Applicant State(s)

|  |  |  |  |
| --- | --- | --- | --- |
| 1.1 | Name of Applicant State | *Click Here to enter text* | |
| 1.2 | Government department or agency with primary responsibility for implementing the project | *Click Here to enter text* | |
| 1.3 | Is this a joint Application with another State? | YES  Name of Co-Applicant State: | NO |
| *Click Here to enter text* | |

1. Beneficiary State(s)

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1 | Will other States benefit from the project  *e.g. through their participation in a regional meeting?* | YES | NO |
| 2.2 | If yes to 2.1, please list those State(s) this  project is intended to benefit | *Click Here to enter text* | |

# Contact Persons

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact Person 1** | | **Secondary Contact Person 2** | |
| 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* |
| Government Department or Agency | *Click Here to enter text* | Government Department or Implementing Partner | *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 A Primary Contact Person acts as the project co-ordinator and will be responsible for implementing the project, and providing narrative and financial expenditure

reports to the ATT Secretariat. They must be a representative of the State named in 1.1.

2 A Secondary Contact Person may be a State representative from the Co-Applicant State or your Implementing Partner, if you have one.



# Project Implementing Partner(s)

|  |  |  |  |
| --- | --- | --- | --- |
| 4.1 | Are you engaging an Implementing Partner  *e.g. NGO or regional organisation?* | YES | NO |
| 4.2 | Name of Implementing Partner | *Click Here to enter text* | |
| 4.3 | What role(s) will the Implementing Partner perform? | *Provide a brief description of the tasks to be completed by the Implementing Partner* | |
| 4.4 | Will the Implementing Partner receive the funds directly from the VTF? | YES | NO |

1. ATT Status of Applicant State

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5.1 | ATT status of Applicant State(s) | State Party | Signatory | Neither |
| 5.2 | If you are not yet a State Party to the ATT, please comment on your progress towards ratification of or accession to the Treaty | *Click Here to enter text* | | |
| *If you are not yet a State Party, you must provide an official letter or note verbale that shows a ‘clear and unambiguous political*  *commitment to accede to the ATT’, as required by the VTF Terms of Reference.* | | | | |



1. Project Description

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6.1 | Project title | *Click Here to enter text* | | |
| 6.2 | Start date | *Click Here to enter a date* | End date | *Click Here to enter a date* |
| 6.3 | Project summary | *Please provide a summary that describes your project in 2 – 3 sentences. e.g. The Applicant plans to hold a 4-day workshop for 25 customs officials, training them on weapons identifi- cation that will help combat weapons’ smuggling and prevent diversion, in accordance with Article 11 of the Treaty. Keep this section brief, and elaborate further below.* | | |
| 6.4 | Project aim | *What is the project designed to achieve and how will it advance implementation of the ATT?* | | |
| 6.5 | Project rationale | *Why is the project needed? What problem are you trying to address?* | | |
| 6.6 | Project beneficiaries | *Who will benefit from the project?* | | |



|  |  |  |
| --- | --- | --- |
| 6.7 | Please set out below the distinct phases of the project, including a description of the main activities for each phase, the sequencing or timing of activities, and the outputs or deliverables for each phase | |
| *Click Here to enter text* | |
| 6.8 | Indicate the key focus(es) of the project | |
| National Control List  Export controls  Competent National Authority  Import controls  National Point of Contact  Brokering controls  Reporting  Transit/transshipment controls  Gap analysis / needs assessment  Diversion prevention  Legal assistance  Record keeping | |
| Other. Please specify: | *Click Here to enter text* |
| 6.9 | How does this project contribute to your strategy to advance implementation of the ATT? | *Click Here to enter text* |
| 6.10 | Please describe the expected impacts of the project as a whole | *Please outline the project’s long-term value. What gap will the project fill, and/or how will it improve ATT implementation overall?* |



|  |  |  |
| --- | --- | --- |
| 6.11 | Please explain if (and how) gender considerations will be taken into account | *Click Here to enter text* |
| 6.12 | Please describe any other relevant considerations as part of your overall project plan | *e.g. Sustainable Development Goals; Health & Safety.* |

1. Financial information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7.1 | Total budget (US$) | US$ | *Click Here to enter text* | |
| *The total bid must not exceed US$ 100,000, except where the project involves more than one Applicant State or more*  *than one State is benefitting from the project.* | | | | |
| 7.2 | Indicate the State’s in-kind contribution to the project | *e.g. personnel, office space, conference venue and related services.* | | |
| 7.3 | Are you providing any funding to the project? | YES | | NO |
| If yes, how much funding is the Applicant State contributing? | | |
| US$ | *Click Here to enter text* | |
| 7.4 | Are you seeking or receiving funding from any other State or Organisation for this project (i.e. co-funding)? | YES | | NO |
| 7.5 | If yes to 7.4, from whom and what is the amount of the co-funding? | *e.g. direct funding from X donor State for US$30,000 (45% of the total project).* | | |

1. Relationship to other projects

|  |  |  |  |
| --- | --- | --- | --- |
| 8.1 | Have you received assistance for ATT-related projects in the past, including from other sources? *e.g. ATT VTF, EU-ATT Outreach and UNSCAR* | YES | NO |
| 8.2 | If yes to 8.1, who provided the assistance, and in what year? | *e.g. ATT VTF (2017), UNSCAR (2016).* | |
| 8.3 | If yes to 8.1, please explain how that assistance relates to the project proposed in this application? | *e.g. how does this project build on previous projects, or does it relate to a different aspect of ATT implementation?* | |



1. Project Controls (Internal Control Mechanisms)

|  |  |  |  |
| --- | --- | --- | --- |
| 9.1 | What are the key risks3 associated with the project? | *Please list comprehensively all risks that the project might face, includ- ing operational, technical, logistical, personnel, political, health & safety or regional risks.* | |
| 9.2 | Please outline your risk management strategy | *For each risk, rate its likelihood as high / medium / low and outline how you plan to mitigate the risk. For example: - participants leave current role (low likelihood). Proposed mitigation measure: include a broad cross-section of trainees; - change of government resulting in legislative process being stalled (medium likelihood). Proposed mitigation measures: cross-party consultation on draft legislation; build broad support for legislation through stakeholder engagement plan.* | |
| 9.3 | How will you manage the project during its lifecycle, including monitoring its progress? | *Please outline the project management mechanisms you will put in place to manage this project. What responsibilities will the Applicant State have? What responsibilities will the Implementing Partner have? How will you track cash flow, and make sure the project happens on time?* | |
| 9.4 | How do you intend to evaluate the project? | *How will you measure the project against its aims e.g. using feedback forms, an increase in Article 13 reports, or progress with ATT ratification. Will you undertake any follow up after the project has been completed?* | |
| 9.5 | Do you commit to providing regular reports on progress to the ATT Secretariat? | YES | NO |
| 9.6 | Do you agree to being audited by the ATT Secretariat? | YES | NO |

Applicant State(s) Signature4

|  |  |  |
| --- | --- | --- |
| **Name(s) and Title(s)** | **Signature** | **Date** |
|  |  |  |

3 A risk is any uncertain event or condition that might have an impact on delivery of a project’s aim(s).

4 All Applicant States must sign the Application Form and submit required documents.