**A P P L I C A T I O N F O R M**

**RFA-042**

**“Organizing an Influencer Marketing Campaign to Promote Georgia’s Tourism Destinations”**

**I. THE APPLICANT**

1. Name and type of applicant organization

*(please provide exact name of organization as stated in legal documents, include also acronyms, if any, and type of entity (legal form or organization)*

1. Address of applicant organization

*(please include official address as well as postal address)*

Official address:  
  
Postal address:

1. VAT (and/or TAX ID) registration number

*(if applicable)*

1. Unique Entity ID (SAM)

*(if applicable)*

1. Telephone
2. E-mail
3. Web site
4. Name and title of Authorized Representative
5. Contact person

**II. PROJECT INFORMATION**

1. Title of proposed activity

2. Location and duration

Location: [city / commune], [county]

Duration: \_\_\_\_ months, from [month] [year] to [month] [year]

1. Summary Budget

|  |  |  |
| --- | --- | --- |
| Total budget | 0.00 (local currency) | (100%) |
| * Amount requested | 0.00 (local currency) | (%) |
| * Cost share contribution | 0.00 (local currency) | (%) |
|  |  |  |

**III. PROJECT DESCRIPTION**

1. Project summary

(*Please provide a brief statement of purpose and summary of your project; it should clearly address what your project will accomplish, in addition to why and how it will be implemented.)*

1. Background

(*Please provide a background information of proposed activity, why this project will be accomplished)*

1. Project goal, activities and results

(*Please provide accurate and detailed information,*

1. Project goal and objective - What are the project goal and objective. How will the project \_*state goal to be achieved or rephrase as appropriate*\_\_\_\_\_?
2. Description of program activities - What are the specific activities that you will undertake?
3. Project short results/outputs: What are the specific expected results that your project will bring about?
4. Project outcome: What are the specific expected long term results and benefit that your project will bring about?
5. Beneficiaries - *e.g. the applicant company, internal staff of the applicant company, immediate stakeholders and clients of the applicant company, primary and/or ultimate consumers of the applicant company’s goods/ services*
6. How many people will directly benefit from your project? Please describe who these beneficiaries will be (e.g. age, gender, and other commonalities).
7. If applicable, describe how you will serve the needs of youth, women, or other underserved groups.
8. Cost share

*Explain the cost share to the project in terms of type of contribution and value.*

1. Monitoring and evaluation
2. How will you know that your project was successfully implemented? What criteria will you use to measure the achievements of your project?

*(Please include the tools you will use to monitor project activities and evaluate project results)*

1. Sustainability
2. Describe how the activities in your project will be sustained after funding ends. How will the activities or results of your project continue?
3. Project activity schedule and timeline (work plan)

*(Based on the activities listed above, please fill in the work plan using the template provided in Annex 4)*

**IV. PROJECT TEAM**

Please list all project team members, including their position, role in the project and a short description of their assigned responsibilities. *(Insert as many lines as necessary).*

*(Please attach CVs for key personnel involved in the project, using the template provided in Annex 6; also include a 1420 BioData Form to be filled out by all key personnel).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | NAME & SURNAME | POSITION | ROLE IN THE PROJECT | DESCRIPTION |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

**V. APPLICANT CAPABILITY AND PAST PERFORMANCE**

1. Information about organization

Provide an overview of your organization (history, product/services offered, years of existence, size of organization, mission)

1. Organizational capability and resources

Annual income over the past three years, mentioning the names of your main financial contributors (where applicable)

|  |  |  |
| --- | --- | --- |
| YEAR | TOTAL ANNUAL INCOME  (in GEL) | MAIN FINANCIAL CONTRIBUTORS |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please describe the various resources at the disposal of your organization such as: equipment, offices etc.
2. Past performance

*Please describe no more than three major projects in which your organization was involved over the, using the table below.*

|  |  |
| --- | --- |
| 1. Project title |  |
| 1. Duration (months) |  |
| 1. Year |  |
| 1. Location |  |
| 1. Role of your organization   *(leader, partner)* |  |
| 1. Project objectives |  |
| 1. Project results |  |
| 1. Total budget (GEL) |  |
| 1. Funding sources and types of funding (grants, contract, or other)   ***Please provide contact information (name and email addresses for funding sources)*** |  |

**VI. PROJECT BUDGET**

Please provide a detailed budget and budget narrative (or budget notes) for the entire duration of the project, using the template provided in Annex 5.

**VII. STATEMENT OF LIABILITY**

I, the undersigned, being the person responsible in the applicant organization for this project, certify that the information given in this application is true and accurate.

|  |  |
| --- | --- |
| Name and surname: |  |
| Position: |  |
| Signature & stamp: |  |
| Date and Place: |  |