**APPLICATION**

**B1: SMALL-SCALE EXTENSION PROJECT**

**Maximum amount: DKK 500,000**

# Cover page

|  |  |
| --- | --- |
| **Danish applicant organisation** (financially responsible): |  |
| **Contact person** for the project: | Name:  Email address:  Telephone number: |
| **Additional Danish partner organisations(s)[[1]](#footnote-1):** |  |
| **Partner organisation(s)** in country(-ies) of cooperation: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Which project is this an extension of.** | **Title of existing project:** | |  | |
| Indicate the six-digit case number of the project this application is meant to extend – (**HP no)** | |  | |
| **Country(-ies) of cooperation:** |  | | | |
| **Time period:** | **Start** date:  Click here to insert a date | **Completion** date:  Click here to insert a date | | Total number of months: |
| **Amount applied for:** | **Total amount:**  DKK | **Of which disability compensation:**  DKK | | |
| **Signature of applicant organisation’s legally authorised representative:**  The signature **attests to** the Danish organisation’s commitment to the proposed partnership and to this application for a **small-scale project** and confirms that it isin conformity with the Disability Fund’s guidelines. It also **confirms** that the signatory legally represents the Danish organisation. | |  |  |  | | --- | --- | --- | | Click here to insert a date. |  |  | | Date |  | Signature of legally authorised representative |   Place Name of representative (block letters) | | | |
| **Does this cooperation involve a new partner organisation?** | Yes  No | | | |
| **Would you prefer the assessment of your application in:** | Danish  English | | | |
| **Have you received advice from DPOD in relation to this application?** | Yes  No | | | |

##### **Submission of application:**

##### The application including checklist and obligatory annexes should be submitted to: [ansogning@handicap.dk](mailto:ansogning@handicap.dk)

##### Applications can be submitted at any time.

# I. Application text *(max length: 6 pages)*

*The application text must not exceed 6 pages (arial size 11, line spacing 1,0, margins: top 3 cm, bottom 3 cm, right 2 cm, left 2 cm. Sub-questions and explanatory text in grey boxes can be removed. Applications exceeding the page limit will be rejected.*

## 1. What is the context and the problem?

##### [The purpose of this reduced section 1 is to give an overview of achievements so far and relevant changes in the context since the ongoing intervention was formulated. The purpose (overall goal) of the extension is assumed to remain the same while the specific project elements are presented under section 3.]

### 1.2 Context of the project

#### Describe in general terms what has been achieved so far of the ongoing intervention, pointing towards relevant experiences, and learning that underpins this application.

#### Which changes in the context in terms of potential constraints or opportunities since the ongoing intervention was formulated, have been identified and considered when formulating the extension.

#### Which challenges will the extension project address (problem analysis)?

##### [Focus should be on changes since the ongoing intervention was formulated and hence challenges relevant to the application.

## 2. The partnership

##### [The purpose of this reduced section is to identify capacity developments in the partner organisation or the partnership especially where capacity building of the partner organisations has been an element of the ongoing intervention.]

### 2.2 Partner’s capacity and experience

#### So far, what relevant experience and learning has been generated regarding capacity building of the partner organization during the ongoing intervention?

##### [If capacity building has not been an element of the ongoing intervention and is not part of the extension proposal the question can be left out.]

## 3. What changes will the extension project achieve and how?

##### [The purpose of this section is to explain the scope / objectives of the extension project~~.~~

### 3.1 Target group

**Describe any potential changes in the target group composition compared to the original proposal.**

### Project approach

#### Describe the main elements of the project extension and how they relate to the ongoing intervention.

Notice: Please annex the results framework (LFA) of the ongoing intervention an amended with adjusted targets, new activities, and where relevant new outputs.

### 3.3 Monitoring, documentation and how to capture lessons learned

#### How will the partner organisation keep track of whether the project achieves the kind of change it seeks to promote, and how will this information be used for learning and adjusting the implementation along the way?

##### [Only to be filled in case of any substantial development or changes compared to the ongoing project]

#### How will the Danish organisation follow the implementation of the project?

##### [Only to be filled in case of any substantial development or changes compared to the ongoing project]

#### How will you identify ‘lessons learned’ from the project, before developing a possible new project? How will you share these lessons in your respective organisations?

##### [Only to be filled in case of any substantial development or changes compared to the ongoing project]

## 4. Budget description

### 4.1 Budget description

#### The latest adjusted version of the original budget of the ongoing project should annexed, including an extra column (and rows where necessary) showing the expenses of the project extension.

#### If relevant, briefly present the thinking behind your budget and weighting between different budget items and between the outcomes of budget line 1.

#### If the budget includes Danish man hours related to project activities (budget item 7.5), i.e., technical support to project activities from the Danish organisation, please describe the specific tasks to be carried out, as well as the reason (see DPOD’s “Håndbog for Projekt- og Økonomistyring” for guidelines)

# II. Annexes

## 1. Obligatory annexes[[2]](#footnote-2)

#### Budget Format B, amended version of the budget of the ongoing intervention.

#### Activity plan or results matrix/LFA, amended version of the result matrix of the ongoing intervention.

## 2. Supplementary annexes

Supplementary annexes should not be submitted with the application but can be listed below. They can be requested by DPOD’s appropriation committee if deemed necessary.

|  |  |
| --- | --- |
| Annex | Annex title |
| C. |  |
| D. |  |
| etc.. |  |

# III. Checklist

The checklist is an obligatory part of the application with the aim of ensuring that all administrative requirements are met. The checklist is therefore intended as an aid in the application process to avoid having the application returned due to minor errors or omissions.

## 1. Application

|  |  |  |
| --- | --- | --- |
|  | Yes | Remark |
| All questions in the application form have been answered **(cover page and Part I-II).** |  |  |
| Part I of the application adheres to the **indicated number of pages.** |  |  |
| All **explanatory text** (marked with grey background, italics and square brackets) has been erased. |  |  |
| A **project synthesis** in Danish has been included on the cover page. |  |  |
| All replies have been written in the font ***Arial size 11****, line spacing 1,0, margins: top 3 cm, bottom 3 cm, right 2 cm, left 2 cm.* |  |  |
| The organisation’s legally authorised representative has **signed** the application on the cover page. |  |  |

## 1.b budget

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Remark | |
| The **correct Budget Format (B)** has been used. |  |  | |
| **The budget figure** on the cover page of the application (“Amount applied for”) **mirrors** the total in the annexed budget. |  |  | |
| **Budget Format, spreadsheet 1**: Budget and budget notes: | Yes | Remark | |
| Relevant budget notes have been inserted. |  |  | |
| **Budget Format, spreadsheet 2**: Financing plan: | Yes | Remark | |
| Has been completed |  |  | |
| **Budget Format, spreadsheet 3**: Danish man hours: | Yes | Remark | |
| If the budget includes Danish man hours under budget line 7.5, these have been described in the application text. |  |  | |
| **Budget Format, spreadsheet 4**: Disability compensation | Yes | | Remark |
| If disability compensation has been applied for, this spreadsheet has been completed. |  | |  |

## 1.c annexes

|  |  |  |
| --- | --- | --- |
|  | Yes | Remark |
| **Obligatory annexes** have been attached – see list in Part II of the application form. |  |  |
| All other relevant **supplementary annexes** have been listed and can be sent on request. |  |  |
| The electronic files of all **annexes have been named in alphabetic order** |  |  |

1. If more than one Danish organisation participates in the project, the annex “Medansøger på ansøgninger” must be filled out and submitted as part of the application. [↑](#footnote-ref-1)
2. Templates for most annexes can be found at [handicap.dk/internationalt-samarbejde](https://handicap.dk/internationalt-samarbejde/handicappuljen/) [↑](#footnote-ref-2)