*Приложение 1*

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**Общински фонд за подкрепа на местни инициативи**

**Община Сандански**

**ФОРМУЛЯР ЗА КАНДИДАТСТВАНЕ**

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| **1. Име на организацията (***неправителствени организации в обществена полза, читалища по реда на ЗНЧ, домсъвети по реда на ЗУЕС, неформални граждански групи, местни културни и образователни организации*): |
| **2. Представляващ/ упълномощен представител на кандидата**: |
| **3. Адрес за кореспонденция** (*град/село, улица, №, пощенски код, област*): |
| **4. Телефон за контакти:** |
| **5. Електронна поща:** |

**ОБЩА ИНФОРМАЦИЯ ЗА ПРОЕКТА**

1. **Наименование на инициативата:**

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**2. Срокове и продължителност**

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| --- | --- |
| ***Обща продължителност на проекта***  *(в месеци – цифром и словом):* | ……….. / ……….. месеца |
| ***Начална дата на дейностите***  *(ден, месец, година)* | ….. / ......./ ….. |
| ***Крайна дата на дейностите***  *(ден, месец, година)* | ..... / ....../ ….. |

**3.Цел**

**/***Формулирайте общата цел на проекта, в съответствие с една от приоритетните области във Фонда, както и специфична/и цел/и на проекта, които да са ясно дефинирани и да са във връзка с постигане на общата цел./*

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1. **4.Кратко описание на инициативата**

*/Опишете в свободен текст до 1 стр. проблема, начина, по-който е избран, основанията за избора му и изложете намеренията за решаването му./*

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**5. Целева група**

*/Опишете кой ще се възползва от резултатите на инициативата и по какъв начин./*

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**6. Очаквани резултати и ползи**

*/Опишете очакваните краткосрочни и дългосрочни резултати и въздействия от изпълнението на инициативата./*

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**8. Бюджет**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Дейност/ Вид разход** | **Количество** | **Стойност** | **Обща стойност в лв.** |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| 1.3 |  |  |  |  |

*Декларирам, че нашата организация* ***няма задължения*** *към НАП и община Сандански.*

**ЗА КАНДИДАТА:**

………………………………

/Име, фамилия/

Подпис и печат:…………………………….

**Дата: ……………**