**NGO Name
Project Overview - Project Title**

1. General Information
	1. Project Overview

|  |  |
| --- | --- |
| Project Title: |  |
| Country of implementation: |  |
| Project Term (Duration): |  |
| Total Budget:  |  |

* 1. Organization Details

|  |  |  |
| --- | --- | --- |
| General Information: | Name: | i.e. University XXX |
| **Postal Address:**  | i.e. XYZ Str. Pristina 10000, Kosovo  |
|  | **Website:** | i.e. www.xyz.  |
| Contact Person: | **Name:** | i.e. Name Surname |
| **Position:** | i.e. Project Manager |
|  | **E-mail:** | i.e. name@xyz.ojq  |
| **Phone:** | +383 38 111 111 |
| Legal status: | **Registration Form:** | i.e. Public  |
| **Accreditation:** | i.e.  |
| **Accreditation Period Date:** | i.e. 01.01.2020-01.01.2024 |
| **Registration No.:** | i.e. 5115112-5 |
| **Tax Number:** | i.e. 1000111011 |

1. Project Information

|  |  |
| --- | --- |
| Brief project description:*(Max. 1 page)* |  |
| Context & core problem:*(Max. 1 page)* |  |
| Objectives and Research Questions: |  |
| Methodology: |  |
| Activities: |  |
| Partner Institutions, target group& beneficiaries: |  |

1. Financial Information

|  |  |
| --- | --- |
| Total Calculated Budget: |  |
| Third party funding:  | YES [ ]  NO [ ] *If yes, please specify (name of the co-founder, amount of co-funding, funded areas…)* |
| Is the project you propose linked to a different / project your organization is already executing:  | YES [ ]  NO [ ] *If yes, please indicate name, objective, duration, volume and funder of the base program/ project. Please ensure that the activities of the proposed project are additional or complementary to those of the base program/ project, and that funds are kept separated.* |
| Has this institution received a GIZ Grant / Financing agreement before | YES [ ]  NO [ ]  |