



USAID ARMENIA, SOCIAL PROTECTION SYSTEMS  
STRENGTHENING PROJECT

ԱՄՆ ՄԶԳ ՀԱՅԱՍՏԱՆ, ՍՈՑԻԱԼԱԿԱՆ ՊԱՇՏՊԱՆՈՒԹՅԱՆ  
ՀԱՄԱԿԱՐԳԵՐԻ ՀԶՈՐԱՑՄԱՆ ԾՐԱԳԻՐ

*Application Package Requirements*

The submitted application should fully match the requirements listed in the request for proposal. The application should be signed and stamped by the head (president or director) of the organization. Accepted applications will not be returned.

- Organizational information
- Two copies of the project proposal application in Armenian or English (stamped and signed by the organization director or president)
- Two copies of the project proposal budget in Armenian or English (stamped and signed by the organization director or president)
- Resumes/CV's of the key personnel of the project. Please provide the number of the project key personnel, their names and positions, and describe their responsibilities
- Copy of the organizational charter (stamped by the organization stamp)
- Copy of state registration certificate (stamped the organization stamp)
- Copy of the tax registration document
- Certificate of the tax inspection and social security fund regarding obligations toward the state and local budget
- Bank statement, mentioning the account numbers and providing information about the absence of debts/liabilities to creditors.
- Copy of the audit report (if available)
- Copy of the license certified by the organization stamp, if activities described in the project proposal require license, according to the RA legislation.

# Application Form

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## I. ORGANIZATIONAL INFORMATION

### 1. Contact information about organization:

- a. Organization Name \_\_\_\_\_
- b. Legal Address \_\_\_\_\_
- c. Mailing Address (if different from Legal Address) \_\_\_\_\_
- \_\_\_\_\_
- d. Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
- e. Organization Contact Person \_\_\_\_\_

### 2. Organizational Information Related to Eligibility:

- a. Year Established \_\_\_\_\_ b. Type of Organization:  For Profit  Not for Profit
- c. Legal Status of the Organization: \_\_\_\_\_
- d. In order to demonstrate our organization's eligibility, we have attached:
- A copy of Organization's Charter
  - A copy of the Registration Certificate as evidence of the above selected legal status;
  - One or more copies of board of directors resolutions, strategic plans or other documentation indicating our organization's managerial commitment to implementing objectives that are consistent with the broad objectives of SPSS Project recommending the application for approval.

### 3. Statistical and other Information:

- a. Number of employees:
- Full time \_\_\_\_\_ Part time \_\_\_\_\_ Other (specify) \_\_\_\_\_
- b. Fiscal Year end: \_\_\_\_\_ (for your accounting purposes)
- c. Total budget for most recent fiscal year: \_\_\_\_\_
- d. We have an operation accounting system in place?  Yes  No
- e. Our accounting system is computerized:  Yes  No

- f. Our total membership is: \_\_\_\_\_ members
- g. As of the above date of application, the number of our members who have fully paid their annual dues for this year is: \_\_\_\_\_ members
- h. Our organization chart is attached?.  Yes  No
- i. Briefly describe the organization's previous work and experience with donor agencies. Please provide information on name of the donor agency, funding amount, project title, and funding period.

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(Signed by Managing Director or person in similar position within the Applicant organization and stamped)



### III. PROJECT BUDGET FORMAT

The title of Organization:	Project Director: _____ <i>signature</i>
Project period:	Project Accountant: _____ <i>signature</i>
Total amount requested from SPSS Project:	Stamp
Total project cost:	

BUDGET ITEMS	Unit	Number of units	Cost per unit AMD	Amount requested from SPSSP	Organization's contribution AMD	Other Contributions AMD	Total AMD
<b>1. Gross Salaries of the Project Staff</b>							
1.1.							
1.2.							
<i>Subtotal</i>							
<b>2. Consultant Fees</b>							
2.1.							
2.2.							
<i>Subtotal</i>							
<b>3. Transportation</b>							
3.1.							
3.2.							
<i>Subtotal</i>							
<b>4. Administrative Expenses</b>							
4.1.							
4.2.							
<i>Subtotal</i>							
<b>5. Equipment and Furniture</b>							
5.1.							
5.2.							
<i>Subtotal</i>							
<b>6. Other Direct Costs</b>							
6.1.							
6.2.							
<i>Subtotal</i>							
<b>7. Total costs:</b>							