**APPLICATION FORM**

**2nd CALL OF THE MILOŠ KARADAGLIĆ FOUNDATION**

**Field of Application**

*\*mark with an X the empty box in front of the corresponding field*

|  |  |
| --- | --- |
|  | 1. Scholarship for Education in the Fields of Classical Music |
|  | 2. Support Program for the Audio-Visual Project |
|  | 3. Funding and Top-funding of Cultural and Artistic Projects |

**Applicant Status**

*\*mark with an X the empty box in front of the corresponding field*

|  |  |
| --- | --- |
|  | Individual |
|  | Non-governmental organization |
|  | Business Entity |

**General Information about the Applicant**

*\*fill in the empty fields*

|  |  |
| --- | --- |
| Name and Surname (for individuals) or Name of the Applicant (for non-governmental organizations and business entities) |  |
| Date of Birth (for individuals) or Year of Establishment (for non-governmental organizations and business entities) |  |
| Address |  |
| Personal Identification Number (for individuals) or Tax Identification Number and Registration Number (for non-governmental organizations and business entities) |  |
| **Citizenship (for individuals) or address of the head office (for non-governmental organizations and business entities)**  \*Mark with an X the empty box in front of the appropriate country   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Albania |  | Bosnia and Herzcegovina |  | Montenegro | |  | Croatia |  | Kosovo |  | North Macedonia | |  | Serbia |  |  | | | |  | | | | |
| Phone number |  |
| E-mail |  |
| Website and/or social media (links) |  |
| Bank account number |  |
| Name and address of the bank |  |
| Authorized person and their Personal Identification Number (for non-governmental organizations and business entities) |  |
| Phone number and e-mail of the authorized person (for non-governmental organizations and business entities) |  |

*\*****If there are any changes to the information after applying, the applicant is obligated to notify the Foundation.***

**1. Scholarship for Education in the Fields of Classical Music**

*\*fill in the empty fields*

|  |  |
| --- | --- |
| Full Name and Address of the Educational Institution where the Applicant is Enrolled or Continuing Studies |  |
| Educational level |  |
| Department |  |
| Year of Study |  |
| Class |  |
| **Link for downloading the video (for performers and conductors) or Audio/MIDI recordings (for composers)**  \*Composers should attach the scores of their works to the email |  |
| Program: composer's name and titles of the pieces |  |

Biography of the Applicant:

|  |
| --- |
|  |

Motivational Letter:

|  |
| --- |
|  |

**2. Support Program for the Audio-Visual Project**

*\*fill in the empty fields*

|  |  |
| --- | --- |
| Project title |  |
| Video presentation of the applicant | *\*enter the video link* |

Detailed Project Description (theme/focus/idea, concept, objectives, target groups, significance, visibility, etc.):

|  |
| --- |
|  |

Biography of the Applicant:

|  |
| --- |
|  |

**3. Funding and Top-Funding of Cultural and Artistic Projects**

*\*fill in the empty fields or mark the appropriate box with an X*

|  |  |
| --- | --- |
| Project title |  |
| Date and location of project implementation |  |
| Is funding or top-funding for the project being requested from the foundation? | |  |  | | --- | --- | |  | Funding | |  | Top-Funding | |
| Has the project started?  If the answer is YES, please indicate the phase.  *\*this applies only to projects requesting top-funding.* | |  |  |  |  | | --- | --- | --- | --- | |  | YES |  | NO |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Initial phase |  | Continuation of implementation |  | Final phase | |

Detailed Project Description: theme/focus/idea, concept, project activities with implementation timeline, objectives, target groups, significance, visibility, results, project sustainability, etc.

|  |
| --- |
|  |

Name and surname, contact information (phone number and e-mail) and a brief biography of the person responsible for project implementation, including details of 3 most significant projects they have worked on:

|  |
| --- |
|  |

Information about the key participants in the Project (name and surname, brief biographies and roles in the project):

|  |
| --- |
|  |

Motivational Letter:

|  |
| --- |
|  |

**BUDGET**

*\*for funding and top-funding of cultural and artistic projects only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Detailed Cost Specification** | | | |
|  | **Cost Item** | **Total Cost Amount (gross)** | **Requested Funds from the Foundation (gross)** | **Source of Financing and Approved Funds (gross)** |
| A. | Fees |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| B. | Travel and Accommodation |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| C. | Equipment, Supplies, Materials |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| D. | Other Direct Costs |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| E. | Indirect Costs |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** | |  |  |  |

The Foundation will not fund:

* Overhead costs (utilities such as electricity, water, municipal services, communication expenses, etc.)
* Office space costs (rent, office furnishing, maintenance expenses);
* Salaries and fees, as well as social security and pension contributions for individuals not directly involved in the project;
* Permanent administrative costs (including accounting and legal services not related to the project);
* Consulting services that are not essential to the project;
* Debts, interest on debts and penalties;
* Depreciation of equipment and property and procurement of equipment not directly needed for project implementation;
* Travel costs not directly related to the project;
* Representation and entertainment expenses (gifts, receptions, celebrations, meals, unless part of an approved event within the project);
* Unforeseen costs and contingency funds;
* Promotion costs not directly related to the project.
* If, after project approval, there is a need to modify the budget in terms of reallocating funds among budget items (without changing the total approved gross amount from the Foundation), the applicant is required to notify the Foundation.
* Throughout the project's duration, the Foundation reserves the right to request financial documentation related to the project from grantees at any time.
* Upon completion of the project, evidences of expenditures must be submitted along with financial, narrative and media reports.

**DECLARATION OF THE ACCURACY OF INFORMATION**

Under criminal and material liability, I/we declare that all the information provided in this application is true and accurate.

For individuals: For legal entities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and surname* *Name and surname of the Project Coordinator (in the legal entity submitting the project)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and surname of the authorized representative (in the legal entity submitting the project)*

*Stamp*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place and Date*

**DECLARATION OF ABSENCE OF DOUBLE FINANCING**

1. The Applicant **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*name of the legal entity*

Tax Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

declares that for the project

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*project title*

for which they are applying to the 2nd Call of the Miloš Karadaglić Foundation,

*\*please select the appropriate option:*

a) has not received funding from any financial source;

b) has received funding from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the legal entity that provided the funding), in the gross amount of \_\_\_\_\_\_\_\_\_\_\_\_ EUR, which constitutes \_\_\_\_% of the total project value.

2. From the above, it follows that at the time of submitting this application, the applicant does not have secured funds for the full 100% realization of this project.

3. Under criminal and material liability, I declare that all information provided in this declaration is true and accurate.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ 2024

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and surname of the Authorized Representative of the legal entity (applicant)*

*Stamp*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

**STATEMENT OF CONSENT FOR THE PROCESSING OF PERSONAL DATA**

I, the undersigned,

First and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID number and passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby give my consent to the Miloš Karadaglić Foundation (hereinafter: the Foundation), as a personal data handler, to collect, process, and store my personal data in accordance with the Personal Data Protection Law ("Official Gazette of Montenegro", no. 79/08, 70/09, 44/12, 22/17). Personal data is collected solely for the purpose of conducting the Foundation's Call for Applications announced on September 16, 2024, and evaluating applications and potential further collaboration.

**Type of data collected:**

* Name and surname
* Date and place of birth
* ID number and passport number
* Address
* Contact information (phone number, email address, website, social media)
* Name and location of the bank and account number
* Copy of passport

Personal data will be processed exclusively by authorized personnel of the Foundation, for the purpose of determining eligibility for the call. Only authorized personnel will have access to the data, and it will be stored in accordance with applicable legal regulations. Data will not be shared with third parties without my explicit consent, except in cases prescribed by law. Data will be stored until the conclusion of the Call of Applications procedure, that is, until the purpose for which it was collected is fulfilled, after which it will be permanently deleted or destroyed.

As a person to whom personal data refer, I have the right at any time to:

* Request access to my personal data;
* Request correction of inaccurate data;
* Request deletion or restriction of data processing;
* Withdraw consent for data processing, which will not affect the legality of processing prior to the withdrawal of consent.

I hereby confirm that I have been informed about the purpose, method, and scope of the processing of my personal data, as well as about my rights in accordance with the Personal Data Protection Law.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_ 2024

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*