**Swedish Institute Baltic Sea Cooperation**

***Seed funding – deadline February 12, 2020***

**Organisation assessment**

**Swedish main applicant organisation**

**Applicant organisation**

**Project acronym**

**Project title**

**Contact (project leader)**

**Organisation Registration Number (organisationsnummer)**

**How to fill in this form**

* This document is password protected. You can only type in the textboxes or select in the alternative boxes.
* You can fill in any textbox by clicking in it or move around by pressing the “Tab” key or using the arrow keys.

***Bank giro service or Postal giro service***

* Your reference for payments (maximum 8 letters)
* Bank giro service/Postal giro service

***1 Basic information***

* What is the main area of expertise/goal of your organisation?

* What is the annual budget of your organisation (or department/unit, please specify)?

* How is the organisation financed?

* How many people work in your organisation (or department/unit, please specify)?

Does the organisation produce an annual report and audit report (signed by an external, independent and qualified auditor) for the whole organisation?



* If necessary, specify answers above:

***2 Self-assessment of the organisation (department, unit or equivalent)***

***(1= Disagree 2= Agree to some extent 3= Agree )***

* The organisation has adequate systems for planning, following up and assessing its work on a regular basis.



The organisation has the necessary skills, systems and capacity for leading, administering and reporting projects with external funding.

* The organisation currently has sufficient staff and resources to implement a collaborative project of the kind applied for.
* The project’s budget will be kept separate from the applicant organisation’s other funding/activities.
* Please describe briefly all assessments below:

***3 Previous funding from the Swedish Institute***

* Identify previous funding from the Swedish Institute, starting in 2013, stating the registration number and project title.

***4Forwarding of funding granted***

* Does the main applicant intend to forward parts of any funding granted (***in advance, to be managed by a partner organisation***)?



* If “Yes”, please specify below:

Partner Country Expected amount

***5 Signature***

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

Signature, authorised person (not always the same as the project leader)

First name

Last name

Title