FILE CODE _____

Date _____

Signature of the responsible UPI _____

(to be completed by the CMDA representative)

GRANT APPLICATION
For YOUNG REFUGEE, FUTURE ENTREPRENEUR

(to be completed by the applicant/recipient)

1.	**APPLICANT ENTREPRENEUR INFORMATION**	
1.1	**Full name (applicant)**	
1.2	**Address**	
1.3	**Phone number**	
1.4	**E-mail**	
1.5	**Date/month/year of birth**	Date _____ Month _____ Year _____
1.6	**Identification Number (IDNP)**	
1.7	**Identity document**	Series _____ No._____
1.8	**Education**	☐ secondary/incomplete secondary ☐ upper secondary ☐ special secondary (vocational-technical) ☐ higher (bachelor's degree) ☐ postgraduate (master's/doctorate) ☐ specialized courses
	Field (specialty)	
	Study period	
1.9	**Applicant's partner last and first name**	
1.10	**Partner Identification Number (IDNP)**	
1.11	**Partner's date/month/ year of birth**	Date _____ Month _____ Year _____

2.	PROFESSIONAL EXPERIENCE			
2.1	**Entity where you have worked**	**Field of activity**	**Position**	**Period**
3.	**APPLICANT ENTERPRISE INFORMATION** *(to be completed if the beneficiary is a founder of an already established enterprise)*			
3.1	**Name of the applicant enterprise**			
	Organizational-legal form			
	Tax Code (IDNO)			
	State registration date			
	Legal address			
	Name of the bank/branch Bank address			
	Bank code			
	Applicant's IBAN account			
	Phone number			
	E-mail			
	Website/Social media			
4.	**INVESTMENT PROJECT DESCRIPTION**			
4.1	**In which field and why do you intend to launch/develop the business?**			
4.2	**What is the value of the planned project investment, MDL?** (*indicate the total amount of the planned investment and the amount of funding requested*))	• Amount of funding requested in the Program _____ • Total project value _____		

4.3 Describe what you would like to purchase with the support of financial resources obtained from the program:

No.	Investment item	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

5. I declare, on my own responsibility, that I have received State aid in the last 3 years:

☐ Yes ☐ No

If Yes, please complete the following table:

No.	Year of financial support allocation	Financing institution	Program through which funding was received	Value of funding received
1				
2				
3				
4				

6. I declare, under my own responsibility, that all information in this application and the attached documents are true, and I undertake to comply with the Program's conditions.

7. I declare, under my own responsibility, that the eligible costs for which I request funding do not receive any type of subsidy/grant within other programs/subprograms, and the price of the goods requested for funding has not been increased.

8. **I declare, under my own responsibility**, that as of ____/____/202___[1] the enterprise „_____” has no arrears to public budgets, including: basic payments, late payment penalties, fines.

9. **I give my consent** to the provision, access and processing of personal data and company data for the purpose of evaluating the application, contracting, monitoring, reporting and promoting the results of the program, in accordance with applicable law.

Signature[2] _____

[1] Please indicate the date of form completion.

[2] The document is to be saved in PDF format, electronically signed, and uploaded here.