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Fund for the International Development of Archives

Fonds International de Développement des Archives

APPLICATION FORM FOR GROUP OR ORGANISATION

Thanks for your interest in applying to the Fund for the International Development of Archives (FIDA). Before you start completing your application form, please read carefully the Guidelines for Applicants.

The application form must be completed and emailed to: fida@ica.org by the deadline provided on the ICA FIDA web page.

Late or incomplete applications will not be considered.

For more information, please send an email to fida@ica.org.



Application Form for Group or Organisation

Q1 - Contact Details

Applicants

Principal Applicant	
Name of group or organisation	
Name of contact person	
ICA membership number	
Address	
Email address	
Telephone number	
Fax	
	so be an ICA member; may be either a group or an individual)
Name of group or organisation	
Name of contact person	
ICA membership number	
Address	
Email address	
Telephone number	
Fax	
	Iso be an ICA member; may be either a group or an individual)
Name of group or organisation	
Name of contact person	
ICA membership number	
Address	
Email address	
Telephone number	
Fax	

¹ Add as many co-applicants that will be collaborating in the project by copying and pasting this table.



Name and address of host institution (which will administer the award)

Name	e:				
Addr	ess:				
Q2 - Ti	tle and summary of	project: (Not m	ore than 120 w	vords)	
provide		y in English, Fre	•	be provided in Q10. I sh, using Google Tra	
	Period for whicl sought: (State in nu				
Q4 -	Proposed start date	e: (dd/mm/yy)			
	Amount requeste (Maximum of €10.00				
trained	l/skilled and/or yo	ur organisatio	n developed	Will your group be in some way whi ur country or region	ich is



		e archival mate red by the pro	ed, if relevant, b
e ending	ject (e.g. trai		n the future afte other continuin



Q9 - Describe the methods to be used for doing the project (e.g. training courses, educational visits 'on-the-job' secondments or internships with a partner organisation).

Please also include a work plan to show the progress of the work that is planned

e undertaken. The work plan may be added as an annex to the applicatior form of a table if that is preferred.					



Q10 - Detailed description of the project

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a) General information. Applicants are reminded that all costs within the budget must be given in <u>euros</u> and that only costs related to the project will be accepted (e.g. NOT

Q11 - Financial details of support requested

normal everyday archival costs).	
Details of currency and exchange rate used:	E1.00 =
b) Summary of budget. The figures you present here must agree with the more detailed breakdown of costs that you will provide in section 11 (c) below.	

c) Detailed budget. Add as many rows as you need to describe the cost of your project.

	Year 1 (euros)	Year 2 (euros)	TOTAL (euros)
SALARIES			
Replacement archivist/librarian cover			
NON-SALARY COSTS			
Travel and subsistence			
Equipment and consumables			
Training costs			
Other costs			
GRAND TOTAL			



Q12 - Replacement archivists/librarians cover

This section is only to be completed if archivists and/or librarians are the principal and/or co-applicants of the project and will need to be away from their own archives for a period not less than one month.

Year 2

Year 1

	(euros)	(euros)	(euros)
Principal applicant			
Co-applicant (1)			
Co-applicant (2)			
Co-applicant (3)			
Total replacement salary costs			
Justification: Provide details of t salary costs, their justification an Official rates of pay in your count requested.	nd the length and	location of applica	ants' related trips.

TOTAL



Q13 - Travel and subsistence costs: detailed breakdown

Please provide details here of all travel costs for yourself and any co-applicants (return air-fares etc) and all costs of subsistence, stating the basis on which they have been calculated.

Itemised travel and subsistence	(euros)
Total travel and subsistence costs	
Justification: Please provide a full justification for all your travel and	d subsistence costs.
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Q14 - Training costs

Please provide details here of all training costs.

Itemised training costs	TOTAL
	(euros)
Total training costs	
5	

Q15 - Any other costs not covered above: detailed breakdown

Please list here any other costs relating to the project only NOT normal everyday costs with an explanation.

Itemised expenditure	TOTAL (euros)
	(euros)
Total expenditure	



Q16 - Details of other funding applications

Title of project

Funding body

Please summarise any current or recent applications to other bodies for identical or closely related projects.

Duration

of project

Amount

Date of

sought/awarded | decision &

		or project	Soughivawarded	outcome (if known)
Q17 - Archival partne	r			
a) Please provide detail for this project, if relevant	ils of the archive(s) ant, and will assist y	, which have you.	agreed to be part	nered with you
Name of archive				
Address of archive				



Name of individual authorising this partnership	
Position held in institution	
Signature	Date
Q18 - Host/own institu	ıtion
administer funding from the where your Institution available on the interrespondent with the state of the state of the website.	h your own institution's responsibility to receive and rom FIDA, please provide details of the website address n's Annual Report is located. If the Annual Report is not net then please submit a paper copy with your application.
address:	
OR	
Paper cop	y of Annual Report enclosed.
Q19 - Your track reco	rd and career to-date (Curriculum Vitae of applicant(s)).
This section should be	completed by the Principal Applicant and Co-applicants.
Family name:	First names:
Date of birth:	Gender: Nationality:
Title of current post:	
Date of appointment: (dd/mm/yy)
With whom do you have	ve your contract of employment?

Previous posts held: (list the most recent first)



es	Position		Institution
Education	on/training:		
		T	
Date	Degree/other	Subject	University/Institution
	qualification		
ummary o	of career to date, in	 ncluding key achiever	ments.
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Undertakings

I confirm that:

- 1. To the best of my knowledge, the information provided in this application is accurate and complete.
- 2. I am authorized to submit this application on behalf of the organization or group named in Q1.
- 3. I have read the Guidelines for Applicants, and, if a grant is made, I agree to abide by them.
- 4. The necessary facilities will be made available to do this project.
- 5. I understand that it is the responsibility of the Principal Applicant to request reviews of the project from the selected referees to be returned no later than the deadline for the submission of applications.

Signature of Principal Applicant	Date	
Signature of Co- applicant (1)	Date	
Signature of Co- applicant (2)	Date	
Signature of Co- applicant (3)	Date	



For and on behalf of the Host/own Institution

Signature		Date	
Name			Institutional stamp
Position in Institution			
Institution			
Q20 - Provide deta proposal.	ails of two referees from whom you will	seek a ı	review of your
this application plus their completed forr	contact details of two referees. You must is a referee form to each of your referees. In by email attachment direct to fida@ica.coments from independent advisers.	Your refe	erees must return
	plication form, you confirm that these ur proposed project and are not employed		
1) Name:			
Position:			
Address:			
Email:			



	Why have you chosen this referee?	
2)		
	Name:	
	Position:	
	Address:	
	Email:	
	Why have you chosen this referee?	