APPLICATION FORM

The Association Umbrella announce Call for request for emergency financial support for independent media in Bosnia and Herzegovina.

The applicants must complete this application form. The applicants must complete and submit every part of this form. Incomplete applications will not be taken into consideration. Completed applications, accompanied with the required documents, must be submitted to the following emails: [info@uba.ba](mailto:info@uba.ba) as electronic documents attached to the email by April 13, 2025. Note: Applications submitted after April 13, 2025 will not be considered.

Please contact Association “Umbrella” (UBA), Obala Kulina bana 5, 71 000 Sarajevo by email [info@uba.ba](mailto:info@uba.ba) for any additional inquiries.

Please make sure that all necessary documents are submitted:

* Filled out application form
* Registration certificate
* Proof of the number of people employed under an employment contract
* Statute
* Bank statement on March 31, 2025
* Payroll records from March 2025
* No court proceedings and no criminal penalties (certified statement signed and stamped by authority person)
* List of investigative media contents
* Proof of the existence of an imprint/impressum and proof that the media outlet is a member of the Press and Online Media Council in Bosnia and Herzegovina

Date of submission of applications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Main information about the applicant

|  |  |
| --- | --- |
| Name of the applicant: |  |
| Applicant’s web platform: |  |
| Link on imprint/impressum: |  |
| Address: |  |
| Registration number: |  |
| Date of registration: |  |
| Telephone: |  |
| Email address: |  |
| Name of the person responsible: |  |
| Position of the person responsible: |  |
| Number of employees (employment contract) |  |
| Number of employees (temporary contract/full time engagement)[[1]](#footnote-1) |  |
| Is your media outlet part of any investigative media network in Bosnia and Herzegovina? If so, please specify which ones. |  |

|  |  |
| --- | --- |
| Name of the project coordinator: |  |
| Telephone: |  |
| Email address: |  |

2. Organizational and technical capacities

|  |  |
| --- | --- |
| Total budget in the previous financial year (2024) (in KM) |  |
| Please specify amount and number of cancelled projects due to lack of funds in 2025 |  |
| Please specify percentage of cancelled projects in total media outlets budget for 2025 |  |
| Number of employees on minimum wage due to revenue decline |  |
| Number of employees under employment contracts in March 2025 |  |
| Number of employees (employment contract) in December 2024 |  |
| Number of employees under temporary contracts in March 2025 |  |
| Number of engaged journalists/collaborators in December 2024 |  |
| Please specify in what amount per month your organization/media outlet is not able to cover essential operational costs (e.g. rent, electricity, internet, basic equipment) due to lack of the funds |  |
| Please specify the amount of funding necessary to ensure the minimal functioning of the newsroom on monthly level |  |
| Do you have space/office for work (if you have, specify the size of the space) |  |
| Do you have equipment for work (if you have, specify what exactly) |  |
| Do you have annual work reports? If yes, please attach in documentation |  |
| Number of investigative media content in December 2024 |  |
| Number of investigative media content in March 2025 |  |

3. Bank information

|  |  |
| --- | --- |
| Bank name |  |
| Bank address |  |
| Name of account holder |  |
| Address of account holder |  |
| Transaction account number (KM) |  |

4. Active projects (add tables as needed)

|  |  |
| --- | --- |
| Name of the project: |  |
| Total project budget: |  |
| Donor(s) |  |
| Project implementation period: |  |

5. Short history of the organization (max. 1/2 page):

Persons engaged:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name and last name | Function | Email |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

6. Explain the emergency to identify the critical problem and/or momentum, as well as their respective adverse effects or impact (Please clear explain what the suspension of U.S. donor funding has caused an urgent financial crisis, identify which essential operations are now at risk (e.g., staff salaries, rent, investigative projects), describe the immediate impacts already being felt (like reduced output or paused reporting), and highlight the potential long-term consequences if support is not provided. Please clearly communicate the urgency of the situation and readiness of the organizations/media to act if emergency funding is secured. Max 1 page)

7. Cost plan with a clear explanation of how the funds will be utilized and in what period (plan outlines the estimated operational costs for the media outlet, with clear explanations of how each category of funds will be utilized. Please add additional lines if you have any other operating expenses)

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Estimated Cost | Explanation / Use of Funds | Period (from 2 to max 5 months) |
| Staff Salaries |  | *For example: This cost cover salaries for 3 employees in 5 months period…* | *For example: Period from May to August 2025* |
| Office Supplies |  | *For example: 50 % rent cost is covered by other donors/resources, the estimated amount will be covered by this grant* |  |
| Internet & Communication |  |  |  |
| Rent/Utilities |  |  |  |
| Total |  |  |  |

* Note: The estimate of media funds needed for operational costs is not final and will be used for scoring, while the final decision on the amount of grant funds awarded will depend on other evaluation criteria and total points.

8. Plans for financial stabilization in the upcoming period (financial stabilization plan outlines how your organization will maintain financial health and continue operating effectively after this grant ends. A financial stabilization plan is a short document that outlines your strategy for managing finances, securing additional funding, and ensuring the sustainability of your work. Your plan should address the following: funding diversification, cost management, financial reserves, staff capacity, long-term sustainability. Max 1 page)

9. CONFIRMATION OF INFORMATION VERACITY

*(Person completing the application form confirms the veracity of information provided)*

|  |  |
| --- | --- |
| Authorized person: |  |
| Function: |  |
| Date: |  |
| Signature: |  |

1. Not occasional part-timers, but permanent full-time employees [↑](#footnote-ref-1)