

Application for the Nordic Council of Ministers' Support Program for Non-Governmental Organisations in the Baltic Sea Region 2016

Basic information

Project content

Partners

Budget

Confirm

The form must be filled out in English.
All fields marked with an asterisk (*) are mandatory.

PROJECT TITLE:

 *

APPLICANT

Organisation's name:

 *

Country:

Estonia

Address:

 *

Registration No.:

 *

VAT No.:

 *

Web address:

 *

Telephone:

+358 Finland

 *

E-mail:

 *

Responsible

Name:

 *

Title

 *

Telephone:

+358 Finland

 *

E-mail:

 *

Project manager:

Name:

Telephone:

E-mail:

Auditor of the project:

Organisation's name:

Contact person

Address:

Telephone:

+358 Finland



Fax:

E-mail:

BASIC INFORMATION

Date:

...

Project begins at:

Project ends at:

Total project budget (in DKK):

 *

Funding requested from Nordic Council of Ministers (in DKK):

 *

Description and legal status of the organisation including registration No, web-address:

You have **300** words remaining

EXAMPLE

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All fields marked with an asterix (*) are mandatory.

Project summary: *

You have 300 words remaining

Background and Justification: *

You have 500 words remaining

The overall project objective(s) and expected results, including verifiable indicators: *

a) Overall objective:

You have 300 words remaining

b) Expected results:

You have 300 words remaining

c) Verifiable indicators:

You have 300 words remaining

What kind of specific activities are planned and target group(s): *

a) Activities:

Describe the different activities in the project

You have **1000** words remaining

b) Target group(s):

You have **300** words remaining

c) Upload the timetable:

No file uploaded yet

*

How is the project linked to the Nordic Council of Ministers' guidelines for focus area and co-operation with Estonia, Latvia and Lithuania: *

You have **300** words remaining

Describe long term effects of the project:*

You have **300** words remaining

How can the Nordic countries benefit from this project? Does the project utilize any specific Nordic competences, yes, which?) or alternatively transfer knowledge from or to the Nordic countries?: *

Please indicate any argument that can support that the project is run under the auspices under this programme and with Nordic Council Ministers' funding.

You have **500** words remaining

Does the project relate to any specific EU policy, (such as the Baltic Sea Strategy, Northern Dimension Policy

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All fields marked with an asterix (*) are mandatory.

Other partners from Nordic countries, Estonia, Latvia, Lithuania, Poland, Russia or Belarus. Also briefly describe each partners role in the project (e.g. coordination, administration, event organizer, transfer of skills, financing, et

PARTNER INFO

Organisation name	<input type="text"/>	*
Contact person:	<input type="text"/>	*
Country:	Country ▼ *	
Telephone:	+358 Finland ▼	
E-mail:	<input type="text"/>	*
Upload the confirmation letter:	No file uploaded yet	*

Task in project *

You have 300 words remaining

PARTNER INFO

Organisation name	<input type="text"/>	*
Contact person:	<input type="text"/>	*
Country:	Country ▼ *	
Telephone:	+358 Finland ▼	
E-mail:	<input type="text"/>	*
Upload the confirmation letter:	No file uploaded yet	*

Task in project *

You have **300** words remaining

 Remove

 Add another partner

EXAMPLE

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All fields marked with an asterix (*) are mandatory.

Budget breakdown only in DKK

Main activities	<input type="text" value="0.00"/>
Wages	<input type="text" value="0.00"/>
Consultant fee /external services	<input type="text" value="0.00"/>
Administration/office related expenses	<input type="text" value="0.00"/>
Travel costs	<input type="text" value="0.00"/>
Project dissemination	<input type="text" value="0.00"/>
Evaluation	<input type="text" value="0.00"/>
Audit	<input type="text" value="0.00"/>
Total expenses	<input type="text" value="0.00"/>

Please use the [attached Excel sheet](#) to fill out the detailed budget.

Upload the detailed budget:

No file uploaded yet

*

Comments on expenditure, including how staff and office costs will be distributed per country:

You have **300** words remaining

Revenues (only in DKK)

Own contribution	<input type="text" value="0.00"/>
Funds from NCM	<input type="text" value="0.00"/>
Funds from 3. part	<input type="text" value="0.00"/>
Total revenues	<input type="text" value="0.00"/>

Comments on project funding. Outline the status of other funding (applied for/granted), over and above the funding sought in this application and provide detailed information on own financing:

You have **300** words remaining

Funds previously granted by Nordic Council of Ministers (indicate the name of project, programme, etc):

You have **300** words remaining

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Applicant

Project manager

Name: ...

Telephone: ...

E-mail: ...

Institution

Organisation's name:

Address:

Telephone:

Registration No.:

VAT No.:

Web address.:

E-mail:

Date: ...

I hereby confirm that the data is correct and that I am the project manager.

EXAMPLE