

# Fund for Bilateral Relations



Call No.: BIN BF02\_Education Travel Grant

# **BASIC INFORMATION**

#### MAIN PROGRAMME AREA AND AREA OF SUPPORT

MAIN PROGRAMME AREA
AREA OF SUPPORT - MEASURE A
Other type of activity under the Measure A
As a result of the activity under the Measure A, we intend to:
Other type of cooperation
AREA OF SUPPORT - MEASURE B
Other type of activity under the Measure B

# **APPLICANT INFORMATION**

APPLICANT DATA
Full legal name
Faculty (relevant only in case of Higher education institution)
Institute/Department (relevant only in case of Higher education institution)
Legal form of the applicant
Specification of the legal form
Organization classification according to OECD
Date and year of establishment

(relevant only in case of other than higher and upper secondary educational institutions)
Code of the applicant (if relevant)
Registration number (IČO)
Tax registration number (DIČ)
VAT registration number (IČ DPH)
Website/FB page
Description of main focus of the applicant
Official address
Street/No
Postal code
City
Country of applicant
Bank information
Beneficiary account name
Account number (IBAN)
Bank name
Bank address
SWIFT code
Statutory representative
Name and surname of statutory representative
Position of statutory representative
Contact person responsible for the initiative

Name and surname	
Position	
E-mail address	
Phone No.	

#### INFORMATION ABOUT PARTICIPANTS FROM APPLICANT ORGANIZATION

Number of participants in	
the initiative	

# **Participants**

Name and surname	Position	Description of the position

## **PARTNERSHIP**

#### **PARTNER/S DATA**

	Partner 1	Partner 2	Partner 3
Full legal name of the partner			
Name of the partner in English			
Faculty (relevant only in case of Higher education institution)			
Institute/Department (relevant only in case of Higher education institution)			
Organization registration number (IČO)			
Official address: Street/No			
Postal code			
City			
Website/Facebook page			
Name and surname of statutory representative			
Position of the statutory representative			
Name and surname of contact person			
Position of contact person			
E-mail			
Phone number/Mobile phone			

# Date and year of establishment (relevant only in case of other than higher and upper secondary educational institutions)

Partner 1	Partner 2	Partner 3

#### Partner country

	Partner 1	Partner 2	Partner 3
Partner country specification			

# Partner legal form

Į.	Partner 1	Partner 2	Partner 3
Specification of legal form of the Parner/s			

## Has there been previous cooperation between the applicant and the Partner/s or is the partnership new?

	Partner 1	Partner 2	Partner 3
Description of the main focus of the Partner 1 and its main activities			
Involment of the Partner 1 in the initiative and its role within the initiative			
Description of the main focus of the Partner 2 and its main activities			
Involment of the Partner 2 in the initiative and its role within the initiative			
Description of the main focus of the Partner 3 and its main activities			
Involment of the Partner 3 in the initiative and its role within the initiative			

# **DESCRIPTION OF THE INITIATIVE**

#### **INFORMATION ABOUT INITIATIVE**

Initiative title
Description and justification of the initiative
Involvement of the partners
Initiative's objective
Expected results of bilateral cooperation

Sustainability of the initiative and results	
Publicity	
Location of the initiative implementation	
Implementation period	
Detailed time schedule	
Mitigation plan	

## LIST OF CONSULTANTS

Number	Name and surname	Position	Organization

# **BILATERAL INDICATORS**

#### **BILATERAL INDICATORS**

	Target value	Source of verification	Comment
Number of participants from Slovakia in bilateral activities			
Number of participants from the Donor states in bilateral activities			
Number of created joint results such as studies, analyses, reports, surveys etc.			
Number of promotional/information activities			
Number of joint activities carried out			

# **BUDGET**

Direct eligible costs					0,00 €				
Serial number	Budget item	Incurred by	Unit	Number of units	Unit cost	osts (EUR) Total item costs		Expenditure category	Description/Justification
	Total initiative costs								
In total						0,00€			

#### **BUDGET OVERVIEW**

Total initiative costs	EEA Financial Mechanism	Norwegian Financial Mechanism	

# Overview of total initiative costs per organizations

Applicant	Partner 1	Partner 2	Partner 3

#### **INCOME GENERATION**

Is the initiative capable of generating any incomes?

Description of the income generation

# **ATTACHMENTS**

#### **MANDATORY ATTACHMENTS**

#### **OPTIONAL ATTACHMENTS**

**Notes/Justification**