

BASIC INFORMATION

Main focus area of the project
If you selected the option "Other" please provide explanation and justification
Education sector according to the OECD classification

APPLICANT DATA**APPLICANT DATA**

Full legal name of the Applicant
Full legal name of the Applicant (in English)
Name of Faculty (relevant only in case of Higher education institution)
Institute/Department (relevant only in case of Higher education institution)
Type of education institution
Legal form of the applicant
Legal form specification
Code of the Applicant (if relevant)
Registration number
Tax identification number
VAT identification number

Official registered address

Street, descriptive and orientation number	
Postal code	
City	
Country	Slovakia
Phone/Mobile contact	
Website/FB page	

Contact address (if different from the official registered address)

Street, descriptive and orientation number	
Postal code	
City	
Country	Slovakia

Statutory representative

Name and surname	Position
-------------------------	-----------------

Contact person

Name and surname
Job position
E-mail
Phone number
Mobile number

DESCRIPTION OF MAIN FOCUS OF THE EDUCATIONAL INSTITUTION

Source of information about the grant

PARTNER INFORMATION

PARTNER'S COUNTRY

	Donor project partner	Partner 2	Partner 3
--	-----------------------	-----------	-----------

PARTNER/S DATA

	Donor project partner	Partner 2	Partner 3
--	-----------------------	-----------	-----------

Type and legal form of partner organization

	Type of organization	Legal form of organization
--	----------------------	----------------------------

Specification of legal form of the Partner/s
--

Partner registered address

	Donor project partner	Partner 2	Partner 3
--	-----------------------	-----------	-----------

FINANCING AND STATUS OF THE PARTNER/S

	Partner spends grant	Form of payment	Actual status of partnership
--	----------------------	-----------------	------------------------------

DESCRIPTION OF THE PARTNER/S

Donor project partner - description
Partner 2 - description
Description - Partner 3

ROLES OF THE PARTNER/S IN THE PROJECT

Role of the Donor project partner

Role of the Partner 2

Role of the Partner 3

BILATERAL PARTNERSHIP

What level of involvement do you foresee for your Donor project partner?

Other type of cooperation - specify

How was the cooperation with the Donor project partner established?

Other way of establishing cooperation with the Donor project partner

PROJECT DESCRIPTION

PROJECT TITLE AND SUMMARY

Project title in English

Project title in Slovak

Acronym

Project summary in English

Project summary in Slovak

COMPLIANCE OF THE PROJECT WITH THE PROGRAMME

PROJECT DESCRIPTION

REFLECTION OF CROSS-CUTTING ISSUES AND PROGRAMME AREA SPECIFICS**LOCATION OF THE PROJECT IMPLEMENTATION**

Indicate the country of implementation

Indicate the region of implementation in Slovakia

Provide name of the city/cities in Slovakia, where the project activities will be carried out

Provide name of the city/cities in Norway where the project activities will be carried out

Description of the place of project implementation

TIME AND PERSONAL MANAGEMENT OF THE PROJECT

Expected timeline of the project implementation

(following the project contract signing)

Description and structure of the project management

PROJECT ACTIVITIES

Type of activity/activities

Other type of activities specification

Project activities structure

Activity number	Activity title	Activity description	Indicator related to the activity	Personnel related to the activity

MILESTONES

Milestone	Start	End	Relation to activity 1	Relation to activity 2	Relation to activity 3	Importance
-----------	-------	-----	------------------------	------------------------	------------------------	------------

FOLLOW UP AND DISSEMINATION ACTIVITIES

--

LIST OF CONSULTANTS

Number	Name and surname	Position	Organization
--------	------------------	----------	--------------

PROJECT INDICATORS**OUTCOME LEVEL INDICATORS**

	Baseline value	Target value	Source of verification
--	----------------	--------------	------------------------

OUTPUT LEVEL INDICATORS

	Baseline value	Target value	Source of verification
--	----------------	--------------	------------------------

RISK MANAGEMENT**RISK MANAGEMENT TABLE**

Risk description	Risk type	Occurence	Consequence	Risk score	Response to risk	Description of response
------------------	-----------	-----------	-------------	------------	------------------	-------------------------

COMMUNICATION PLAN

Communication plan description

Communication indicators - mandatory

	Target value	Source of verification	Indicator description
--	--------------	------------------------	-----------------------

Communication indicators - optional

	Target value	Source of verification	Indicator description
--	--------------	------------------------	-----------------------

BUDGET

								Required grant amount	
Direct eligible costs								0,00 €	
Serial number	Expenditure item	Unit	Unit price	Quantity	Required grant amount	Activity	Expenditure category	Incurred by	Comment
								Required grant amount	
Indirect eligible costs								0,00 €	
Serial number	Expenditure item	Unit	Unit costs	Quantity	Required grant amount	Activity	Expenditure category	Incurred by	Comment
								Required grant amount	
In total								0,00 €	

BUDGET OVERVIEW

Required grant amount	NFM contribution	State budget contribution
-----------------------	------------------	---------------------------

FIRST REQUIRED ADVANCE PAYMENT

Project duration	Advance payment in %	Total possible advance payment	Advance - Applicant	Advance - DPP	Advance - Partner 2	Advance - Partner 3
------------------	----------------------	--------------------------------	---------------------	---------------	---------------------	---------------------

ATTACHMENTS**Mandatory attachments****Optional attachments**

Notes
Date of submission of the application