

## Application form (only read in PDF sample)

Fund for Bilateral Relations Call No.: **BIN BF01\_Travel Grant****BASIC INFORMATION**

Country of applicant
I intend to participate in the call:
Main area of interest

**APPLICANT INFORMATION****Organization data**

Full legal name
Legal form
Registration number
Year of the establishment
Number of employees
Website/FB page
Description of the main activity of the organization

**Official address**

Street/No
Postal code
City

**Bank information**

Beneficiary account name
Account number (IBAN)
Bank name
Bank address
SWIFT code

**Statutory representative**

Name and surname of statutory representative
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Position of statutory representative

**Contact person responsible for the initiative**

Name and surname

Position

E-mail address

Phone No.

Number of participants

**Participants**

Name and surname	Position	Description of the position
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**PARTNER INFORMATION**

**PARTNER 1**

Country of the partner

Full legal name

Legal form

Registration number

Year of establishment

Number of employees

Website/FB page

Description of the main activity of the organization

Has there been previous cooperation between the applicant and the Partner 1 or is the partnership new?

**Official address**

Street/No

Postal Code

City

**Statutory representative**

Name and surname	Position
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**Contact person responsible for the initiative**

Name and surname
Position
Email address
Phone No.

**PARTNER 2**

Country of partner
Full legal name
Legal form
Registration number
Year of establishment
Number of employees
Website/FB page
Description of the main activity of the organization
Has there been previous cooperation between the applicant and the Partner 2 or is the partnership new?

**Official address**

Street/No
Postal code
City

**Statutory representative**

Name and surname	Position
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**Contact person responsible for the initiative**

Name and surname
Position
E-mail address
Phone No.

**PARTNER 3**

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Country of partner
Full legal name
Legal form
Registration number
Year of establishment
Number of employees
Website/FB page
Description of the main activity of the organization
Has there been previous cooperation between the applicant and the Partner 3 or is the partnership new?

**Official address**

Street/No
Postal code
City

**Statutory representative**

Name and surname	Position
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**Contact person responsible for the initiative**

Name and surname
Position
E-mail address
Phone No.

**DESCRIPTION AND JUSTIFICATION OF THE INITIATIVE**

Initiative title
Goal of the initiative
Short description and justification
Implementation period
Detailed time schedule

**BUDGET**

Unit price (EUR)	Number of participants	Description and justification
		Total
<b>In total</b>		<b>0,00 €</b>

## BILATERAL INDICATORS

### *Indicator 1 - Number of participants from Slovakia in bilateral activities*

Target value	Source of verification
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### *Indicator 2 - Number of participants from Donor States in bilateral activities*

Target value	Source of verification
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### *Indicator 3 - Number of joint activities carried out*

Target value	Source of verification
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### *Indicator 4 - Number of activities promoting strengthening bilateral cooperation between Slovakia and Donor States*

Target value	Source of verification
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## ATTACHMENTS

### List of Attachments

Date of submission of the application
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