

APPLICATION FOR GRANT ON BILATERAL MEETING WITH DONOR STATE PARTNER(S) IN PROGRAMME

CULTURE

EEA GRANTS 2014-2021

Application identification	number ¹ :				
Title of application:					
1. TYPE OF ACTIVITY "Bilateral meeting between the applicant and the potential partner(s) of a project planned under the Programme Culture to be held in a donor state or Czech Republic"					
1. Bilateral meeting be	tween the applicant and t		k one of the two options being the options being the control of a project planned under		
Culture to be held in a	donor state		., .		
2 Rilateral meeting he			se only fill in table 3A in section or(s) of a project planned under		
Culture to be held in th	ne Czech Republic.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
	(if you have marked this option, please only fill in table 3B in section 3. Participants)				
Area of support listed below)					
	ed area of support mus	t be one of the ar	reas listed in the Call for bi	lateral meeting)	
Revitalisation of Mova	ble and Immovable Cultu	ıral Heritage		-	
Innovative Use of Cult	ural Heritage				
Contemporary Arts	/ Arts				
Art and Cultural Critic	ultural Criticism				
Capacity Building of U	Capacity Building of Umbrella Associations, Networks and Platforms				
2. APPLICANT'S	IDENTIFICATI	ON AND CO	ONTACT DATA		
Official name					
Legal form					
Account number					
Identification	Registration no.		Tax ID		
Statutory representative	Name, surname				
Registered address (registered office)	Street and number				



	Town			
	Postal code			
	State			
Contact address				
(If different from the registered office)				
Data mailbox identifier				
(if applicable)				
Web page / Facebook (if applicable)				
Contact person(s) responsi	ble for the grant appl	ication		
Name, surname	Position / function	E-mail address	Phone	Mobile
3. PARTICIPANTS	IN THE TRIP AN	ND BILATERAL M	EETING	
3A Participants in the trip a donor state	and bilateral meeting	(on behalf of the applicar	nt) with potenti	al partner(s) in
1st participant (on behalf	of the applicant)			
Name and surname				
Contact data	Phone / mobile phone			
Brief description of the	E-mail address			
participant's position in the				
applicant's organisation				
2nd participant (on behalf	of the applicant)			
Name and surname				
Contact data	Phone / mobile phone			
	E-mail address			
Brief description of the participant's position in the				
applicant's organisation				
Substitute participant (on	behalf of the applican	t)		
Name and surname				

¹ To be filled in by the grant provider.



Contact data	Phone / mobile phone	
	E-mail address	
Brief description of the position in the applicant's organisation		

3B Participants in the trip Czech Republic	and bilateral meeting (on behalf of the partner(s)) with the applicant in the (if there are several partners, please copy and complete this table for each of
them)	(if there are several partners, pieuse copy and complete this table for each of
Official name	
1st participant (on behalf	of the partner)
Name and surname	
Contact data	Phone / mobile phone
Brief description of the participant's position in the partner's organisation	E-mail address
2nd participant (on behalf	of the partner)
Name and surname	
Contact data	Phone / mobile phone E-mail address
Brief description of the participant's position in the partner's organisation	
Substitute participant (on	behalf of the partner)
Name and surname	
Contact data	Phone / mobile phone E. moil address



Brief description of the	
participant's position in the	
partner's organisation	

4. CHARACTERISTICS OF THE APPLICANT AND PRELIMINARY INTENT OF THE PROJECT WHICH THE APPLICANT PLANS TO SUBMIT IN THE RESPECTIVE CALL UNDER THE PROGRAMME CULTURE

Brief description (presentation) of the applicant and the project it is planning to submit in the respective Call under the Programme Culture (max. 500 words)

5. DESCRIPTION, JUSTIFICATION AND EXPECTED OUTCOMES OF THE BILATERAL MEETING

- 5.1 Description,
 justification and
 expected outcomes of
 the bilateral meeting
 Brief description of the
 partner's expected role
 in the project
- 1. Please, outline the main planned activities, time schedule of the trip and the place of the meeting.
- 2. Please, describe the purpose of the meeting. Describe how the meeting should strengthen bilateral relations and influence the applicant's future activities.
- 3. Briefly outline the expected outcomes of the bilateral meeting. Please, describe your plans for future cooperation with the donor state partner(s), their role in the planned project and specify the envisaged long-term and short-term outcomes of the meeting.

- 5.2 Destination (state and town/s)
- 5.3 Expect date of the trip and number of days of the bilateral meeting excluding the time of

Planned date of commencement excluding the time of international travel

Planned date of end excluding the time of international travel



international travel	
5.4 Number of days of the meting excluding the time of international travel	

6. PLANNED BUDGET

1. Bilateral meeting in between the applicant and the potential partner(s) of a project planned under the Programme Culture to be held in a donor state

	Number of days of the meting	Per diem/ person/day/state (Norway, Iceland, Liechtenstein) (EUR)	International transport/person/ state (Norway, Iceland, Liechtenstein) (EUR)	Total (EUR)
1st participant on behalf of the applicant				
2nd participant on behalf of the applicant				
Total			EUR	

2. Bilateral meeting between the applicant and the potential partner(s) of a project planned under the Programme Culture in the Czech Republic.

	Number of days of the meting	Per diem /person/day in the CR (EUR)	International transport/person/ state (Norway, Iceland, Liechtenstein) (EUR)	Total (EUR)
1st participant on behalf of the partner		230		
2nd participant on behalf of the partner		230		
3rd participant on behalf of the partner		230		
4th participant on behalf of the partner		230		
Total				EUR



7. ANNEXES

List of annexes

- A. Declaration Confirming the Partners's Interest in a Bilateral Meeting and Cooperation within Culture Programme
- B. Power of attorney to sign the *Application for Grant on Bilateral Meeting with Donor State Partner(s) in Programme Culture* and to implement the activity *(where relevant)*
- C. (other relevant annexes, please add a row where applicable)

8. ELECTRONIC SIGNATURE

Applicant's confirmation

I hereby confirm that no other public funds (from the budget of the Programme Operator, other chapters of the state budget, local and regional budgets, EU structural funds or other EU funds, EEA and Norway grants 2014-2021, Programme of Cooperation between the Czech Republic and Switzerland, etc.) will be used to cover the same costs of the implementation of this activity.

I hereby confirm that the information provided in this application and its annexes is true and correct and that the activity will be implemented in accordance with this application.

I hereby confirm that I am able to conduct the bilateral meeting in the English language.

I confirm that all information provided herein can be used to promote the EEA and Norway grants and may be disclosed to third parties in accordance with Czech laws.

Name and surname (Applicant's statutory or authorised representative ²)	Date	Signature
	DD.MM.RRRR	

² If the application is signed by an authorised representative, the power of attorney must be attached as **Annex B** of the Application for grant on bilateral meeting with donor state partner(s) in Programme Culture.