

## Annex 1 - Fund for Bilateral Relations at Programme Level

### APPLICATION FORM

**Project Promoter**

**Project Leader**

*[Title, Name and Surname]*

Position within entity

Address

Phone/ Mobile number

Email address

**Partner from Donor State/s  
and/or International  
Organisations<sup>1</sup>**

Contact Person

*[Title, Name and Surname]*

Position within entity

Address

Phone/ Mobile number

Email address

**Initiative Title**



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<sup>1</sup> Replicate table for each partner

**Summary/ brief description**

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**Bilateral Relevance**

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**Justification**

--

**Relevance to National/  
European Priorities**

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**Potential Risk Factors**

--

**Aims and Targets**

--

**Activities**

--

**Sustainability of Initiative**

--

**Target Audience/s**

--

**Bilateral Indicator/s**

	Baseline	Target	Source of verification

**Cross cutting issues**

**Good Governance**

**Sustainability Development  
(Environmental, Social and  
Economic)**

**Equal Opportunities**

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**Timeframes**

Start date (month/year)

Closure date (month/year)

Budget Headings	Eligible expenditure (a)	National Funds (b)		Total initiative expenditure (c) = (a) + (b)
	EEA/ Norway Grant 100%	VAT	Others	
	€	€	€	
<b>TOTAL</b>				

**Will this initiative involve state aid? [please tick ✓ the relevant box]:**

• YES	<input type="checkbox"/>
• NO	<input type="checkbox"/>

N.B. The official State Aid Monitoring Board (SAMB) position should be presented with this application form.

**Signatories**

**Project Promoter –**

Stamp & Signature:

Date:

**Project Leader:**

**Partner Representative in the Donor State/s and/ or  
international organisation/s:**

Stamp & Signature:

Stamp & Signature:

Date:

Date:



*Supported by the peoples of  
Iceland, Liechtenstein and Norway  
through the EEA and Norway Grants*