

Annex 1 - Fund for Bilateral Relations

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
Organisations¹**

Contact Person

[Title, Name and Surname]

Position within entity

Address

Phone/ Mobile number

Email address

Initiative Title

¹ 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

-

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	
	€	€	€	
TOTAL				

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*