ANNEX 1

APPLICATION FORM UNDER FUND FOR BILATERAL RELATIONS

Name of the bilateral initiative:

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Applicant details** | | | |
| Full name |  | | |
| Address:City /town/ village |  | | |
| Street, number |  | | |
| Zip code |  | | |
| Region |  | | |
| Country |  | | |
| Website |  | | |
| Legal status |  | | |
| Registry number or other relevant |  | | |
| Identification Tax Number |  | | |
| **2. Contact person** | | | |
| Name, Surname |  | | |
| Telephone |  | | |
| E-mail |  | | |
| **1. Applicant details (if applicapable)** | | | |
| Full name |  | | |
| Address:City /town/ village |  | | |
| Street, number |  | | |
| Zip code |  | | |
| Region |  | | |
| Country |  | | |
| Website |  | | |
| Legal status |  | | |
| Registry number or other relevant |  | | |
| Identification Tax Number |  | | |
| **2. Contact person** | | | |
| Name, Surname |  | | |
| Telephone |  | | |
| E-mail |  | | |
|  |  | | |
| **3.**  **3.1 Applicant characteristics** (max 1200 characters)  Short explanation of the motivation for the application   * *What is the scope of your activity, what are your competences and experience?* * *Currently, what are your main fields of activity and projects?* * *What are your target groups/ addressees of your activities?*   **3.2 Description of the partner**  Short explanation of the motivation to choose the partner   * *What is the scope of choosing the partner, what are the competences and experience of the partner?* * *Currently, what are the partner’s main fields of activity and projects?* | | | |
|  | | | |
| **4. Justification for the bilateral partnership project** (max 3000 characters) | | | |
|  | | | |
| **5. Description of envisaged activities** (max 3000 characters)   * *What kind of activities are you going to undertake and why?* * *Who will be participating in the activities – role of the parties in the envisaged activities;* * *Who will be responsible for the expenditures incurred?* * *What will be the schedule?* * *Results and indicators.* | | | |
|  | | | |
| **6 a. Start date** | | **6b. End date** | |
|  | |  | |
| **7. Budget\***  *Please list all the planned costs and the calculation method. The costs should be stated in EUR (in round figures). All costs listed in the budget should be justified in the activities’ description. It is not necessary to fill out all the budget lines. Please find an example below.* | | | |
| ***What/ Activity*** | | | ***Amount*** |
| **1. Travel costs** | | |  |
|  | | |  |
| *(Insert a row if needed)* | | |
| **2. Daily allowances – according to the applicable national rules** | | |  |
|  | | |  |
| *(Insert a row if needed)* | | |
| **3. Accommodation costs – according to the applicable national rules** | | |  |
|  | | |  |
| *(Insert a row if needed)* | | |  |
| **4. Other costs** | | |  |
|  | | |  |
| *(Insert a row if needed)* | | |  |
| **TOTAL** | | |  |

|  |  |
| --- | --- |
| **8. Requested grant amount** |  |

**\*Budget example:**

|  |  |
| --- | --- |
| ***What/Activity*** | ***Sum*** |
| **1. Travel costs** | EUR |
|  |  |
| **2. Accommodation costs** | EUR |
|  |  |
| **3.** **Staff costs** | EUR |
|  |  |
| **5. Other costs:** |  |
|  |  |

**Reimbursement of costs will be based on actually incurred costs.** **In the assessment process, certain expenditures may be reduced or excluded from the budget. Technical mistakes will be corrected.**

|  |
| --- |
| **ATTENTION: Obligatory attachments:** |
| A letter of intention/ partnership agreement, e-mail correspondence or other document/ correspondence proving that the applicant has established a contact with a potential project partner |

I hereby declare that the project applying for financial support under the Fund for Bilateral Relations under the BG ENVIRONMENT Programme within the EEA FM 2014-2021 does not overlap and/or is not double-financed under similar projects from EU/EEA FM/NFM/International Financial Institutions/bilateral or other external sources.

I hereby certify that all the information in this document is accurate and complete.

Name of representative of the applicant:

………………………………………….

Date: …………………… Signature and stamp: ……………………………

Name of representative of the applicant (if applicapable):

………………………………………….

Date: …………………… Signature and stamp: ……………………………