**REGISTRATION FORM**

**for organizations, looking for potential partners under the programme**

**“Local Development, Poverty Reduction and Enhanced Inclusion of Vulnerable Groups”**

|  |  |
| --- | --- |
| Name of the organization |  |
| Address of the organization  (country, city, No, street) |  |
| Contact person  (name & position in the organisation) |  |
| Phone number |  |
| E-mail |  |

**Please provide the name and a short description of your organization/municipality:**

|  |
| --- |
| Short description of the organization/municipality: |

**Project area of interest (*more than one answer could be selected*):**

Supporting the early childhood education and care in the kindergartens

Establishment of Youth centres

**Short description of your potential project idea:**

|  |
| --- |
|  |

**Short description of the partner that you would like to find for this project:**

|  |
| --- |
|  |

**Please send this registration form to the following e-mail address:** [vep\_info@mon.bg](mailto:vep_info@mon.bg)

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Date Name