**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:**

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| --- |
|  |

**Please send this registration form to the following e-mail address:** vep\_info@mon.bg

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Date Name