**Fund for bilateral relations - Measure A: Partnership development**

**APPLICATION FORM**

**Title of the partnership action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Applicant’s name and acronym:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acronym:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Applicant’s contact details:**

Correspondence address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town(city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Authorized person to represent the applicant (legal representative):**

Name and surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within the organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Contact person within the organization:**

Name and surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within the organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Partner organization:**

Name and acronym:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town(City):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Contact person within partner organization**

Name and surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within the organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Brief description of the applicant organization:**

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| --- |
| *Please provide a brief description of your organization: intervention area, legal status, activities undertaken, organizational profile, etc.* |

**8. Brief description of the potential partner organization:**

|  |
| --- |
| *Please describe briefly the organization involved in this partnership action: intervention area, legal status, activities undertaken, organizational profile, etc.**Was there any previous collaborations with the potential partner? If so, give details.* |

**9.** **Please give details of the persons who will participate in the partnership action:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Name** | **Surname** | **Position within the organization** |
|  |  |  |  |
|  |  |  |  |

**10. The partnership action is envisaged for a future project that will target:**

[ ]  1. Buildings of cultural heritage value restored or rehabilitated

[ ]  2. Objects of cultural heritage value restored/preserved;

[ ]  3. Digitised archives and databases;

[ ]  4. Museums and cultural facilities created/enhanced;

[ ]  5. Strategic and planning documents created and improved, in relation to heritage assets;

[ ]  6. Natural heritage sites protected or revitalised

[ ]  7. Cultural intangible heritage of ethnical minorities made accessible to the public.

**11. The partnership action is envisaged for further developing:**

[ ]  Small project (25.000 – 85.000 Eur)

[ ]  Large project (200.000 – 2.000.000 Eur)

[ ]  Other action, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Contribution to the objectives of the Programme:**

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| *Please describe how this partnership action contributes to the objectives of the Programme and one of the objectives of EEA Financial Mechanism, i.e. strengthening bilateral relations.* |

**13. Motivation for the partnership action:**

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| --- |
| *Please describe why you apply for this partnership action and the coherence of the proposal with you organization’s mission.**Detail the envisaged (future) project: idea, objectives, expected results. Describe the proposed roles in the envisaged (future) project of your organization and the potential project partner. Present the sustainability of the future partnership.* |

**14. Description of the partnership action:**

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| --- |
| *Please describe the activities planned for the partnership action (visit plan structured per days with clear activities).*  |

**15. Period for implementation**

|  |  |  |
| --- | --- | --- |
| *START DATE* | *END DATE* | *DATE FOR SUBMITTING FINAL REPORT**(15 calendar days after end date)* |
|  |  |  |

**16. Outcomes of the partnership action:**

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| *Please describe the expected outcomes of the partnership action, both in terms of future Funding Application as well as from other perspectives (collaborations, project ideas, published materials and/or articles, etc).**It will be highlighted the manner in which the outcomes of the partnership action will contribute to strengthening bilateral relations between Donor States and Romania.* |

**17. Outcome indicators:**

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1. Number of project partnership agreements
2. Number of contacts between institutions from Romania and Donor States established (*number of organizations which you met during the partnership action*)
3. Number of person involved in exchange visits between Romania and Donor States
4. Number of articles published regarding culture in one country about the other

partner country

1. Number of other programs than EEA Grants (ex. Creative Europe, LLP, etc) that the

partners intend to apply for receiving financing

1. Number of European and international networks for which the partners intend

to apply together

**18. Partnership action budget:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenditures** | **Unit** | **No. of units** | **Unit value (Lei/Eur)\*** | **Estimated budget (Lei/Eur)\*** |
| **1. Transport expenses** |  |
| 1.1 International transport (round trip) | tickets |   |   |   |
| 1.2 Local transport |  |   |   |   |
| 1.3 Travel insurance | policies |   |   |   |
| **Subtotal Transport expenses** |   |
| **2. Subsistence expenses** |  |
| 2.1 Accommodation…. persons x …. nights  | persons x nights |   |   |   |
| 2.1 Per diem…. persons x ….. days | persons x days |   |   |   |
| **Subtotal Subsistence expenses** |   |
| **3. Other expenses** |  |
| 3.1 Fees for participation in conferences, seminars and workshops |  tickets |   |   |   |
| **Subtotal Other expenses** |   |
| **Grand total** |  |

*\*The Romanian applicants shall fill in the values in Lei, taking into consideration an exchange rate of 4,5110 Lei. The applicants from the Donor States shall fill in the values in Eur. The budget shall not exceeding 2.000 Eur.*

I, the undersigned, as legal representative of <*name of the organisation*>, being aware that false statements made in declaration are punished by the penal law, confirm on behalf of our institution / organisation that the information contained in this form is true, complete and accurate and can be proved by official documents which can be made ​​available to the Project Management Unit.

|  |
| --- |
| Name and surname of the legal representative: |

|  |
| --- |
| Position:  |

|  |
| --- |
| Stamp and signature of the legal representative: *(if the organization does not have stamp please mention „valid without stamp”)* |

|  |
| --- |
| Date and place: |

**The filled-in form should not exceed 6 pages !**