**Fund for bilateral relations - Measure B: Creating / maintaining bilateral relations and exchange of experience**

**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**6. Contact person within partner organization:**

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

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

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

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

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

**7. Type of partnership action:**

Trips only

Organizing partnership events

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

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

**9. 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.*  *Were there any previous collaborations with the potential partner? If so, give details.* |

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

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

**11. The partnership action targets one or more of the fields below:**

Buildings of cultural heritage value restored or rehabilitated

Objects of cultural heritage value restored/preserved;

Digitised archives and databases;

Museums and cultural facilities created/enhanced;

Strategic and planning documents created and improved, in relation to heritage assets;

Natural heritage sites protected or revitalised

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

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

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

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

|  |
| --- |
| *a. Please describe why you apply for this partnership action and the coherence of the proposal with your organization’s mission;*  *b. Present the coherence between the expertise / experience of the applicant and the partner for the proposed roles in the partnership action and for the sustainability of the partnership.* |

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

|  |
| --- |
| *a. Detail the present application for partnership action: idea, objectives etc;*  *b. Please describe the activities planned for the partnership action (i.e. visit plan etc);*  *c. Mention the period for the implementation and the end date of the partnership action;* |

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

|  |
| --- |
| *a. Present the expected results and sustainability of the future partnership.*  *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.* |

**16. Outcome indicators (select only the appropriate ones):**

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1. Number of project partnership agreements
2. Number of contacts between institutions from Romania and Donor States established
3. Number of persons 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

**17. Partnership action budget:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenditures** | **Unit** | **No. of units** | **Unit value (Lei/Eur)\*** | **No of participants** | **Estimated budget (Lei/Eur)\*** |
| **1. Travel and subsistence expenses** | | | | | |
| 1.1 Travel and subsistence expenses |  |  |  |  |  |
| **Subtotal travel and subsistence expenses** | | | | |  |
| **2. Fees for participation in conferences, seminars and workshops** | | | | | |
| 2.1 Fees for participation in conferences, seminars and workshops |  |  |  |  |  |
| **Subtotal fees for participation in conferences, seminars and workshops** | | | | |  |
| **3. Other expenses** | | | | | |
| 3.1 Other expenses (except salaries) |  |  |  |  |  |
| 3.1.1 …………………..*(add lines for each expense)* |  |  |  |  |  |
| **Subtotal other expenses** | | | | |  |
| **Grand total** | | | | |  |

*\*The Romanian applicants shall fill in the values in Lei, taking into consideration an exchange rate of 4,50 Lei. The applicants from the Donor States shall fill in the values in Eur. The budget shall not exceed 10,000 Eur, respectively 4,000 Eur if the action consists only in trips.*

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 proven by official documents which can be made ​​available to the Project Management Unit.

|  |
| --- |
| Name and surname of the legal representative: |
| Position: |
| Signature (stamp) of the legal representative: |
| Date and place: |

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