**APPLICATION FORM**

**SEED FUNDING FOR AFRICA-EUROPE YOUTH CO-OPERATION 2015**



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| ***Please type or write legibly****. If necessary, please attach an extra sheet(s) to the application form.* |

1. **INFORMATION ABOUT THE ORGANISATION**

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| 1. **Applying organisation**   Name:  Postal address:  Contact person for the project (not necessarily the legal representative):  Telephone: Fax:  E-mail: Internet address: |
| 1. **How would you best describe your organisation?** (multiple answers possible)   an international youth organisationa national youth council (name):  a national youth organisation  a local/regional youth organisation  a development NGO  a governmental institution  a minority or minority rights association  a network of organisations/associations  other *(please specify):* |
| 1. **What is your organisation’s interest, background and future plans in youth co-operation within the Africa-Europe context? (max. 250 words)** |
| 1. **Bank details and legal representative (information to be used for Administrative Arrangement, if project granted)**  |  |  | | --- | --- | | Account holder: |  | | Name of Bank: |  | | Branch area: |  | | Branch: |  | | Bank Address: |  | | Full bank account number: |  | | IBAN:  Swift Code (BIC): |  |   Name of legal representative (to sign administrative arrangement): |

**II. INFORMATION ABOUT THE PROJECT**

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| 1. **Name of the Project** |
| 1. **Brief summary description of the project. (max. 350 words)** |
| 1. **What is the Africa-Europe dimension of your project? Please describe. (max. 200 words)** |
| 1. **Please outline briefly the following elements of the project:** 2. overall aim 3. specific objectives 4. expected outcomes 5. duration of the project 6. target group(s) 7. participation of the target group(s)  * *in the design and implementation of the project*  1. evaluation mechanisms (internal and/or external) 2. budget allocation (max. 2500€)  |  |  |  | | --- | --- | --- | | **Expenses** | **Amount** | | | International travel |  | | | Local transport |  | | | Board and lodging |  | | | Visa expenses |  | | | Fees for experts |  | | | **TOTAL** | **€** |   *Please describe in a detailed way in which way the grant will be used (e.g. flight ticket of a participant, trainers’ fees).*  *Please use Euro (€).* |
| 1. **What is the personal motivation of the participant(s) to take part in the project/ exchange/event? (max. 150 words)** |

Name of legal representative: ……………………………………………………

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

**The application should be sent to**

[**nsc.africaeurope-youthsummit@coe.int**](mailto:nsc.africaeurope-youthsummit@coe.int)

**or fax nº: +351 213 584 072**

**Deadline for submitting the application is 22nd February 2015**