**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 organisation**[ ]** a 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)**
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| 1. **Bank details and legal representative (information to be used for Administrative Arrangement, if project granted)**

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| --- | --- |
| 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**
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| 1. **Brief summary description of the project. (max. 350 words)**
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| 1. **What is the Africa-Europe dimension of your project? Please describe. (max. 200 words)**
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| 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)**
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Name of legal representative: ……………………………………………………

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

**The application should be sent to**

**nsc.africaeurope-youthsummit@coe.int**

**or fax nº: +351 213 584 072**

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