

Serial number (fills IVF)

Priority (fills the Applicant)

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International Visegrad Fund
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E-mail: strategic@visegradfund.org

Name of the Project

1.1. Applicant

Name of the Natural Person (if Applicant is a citizen)

Name of the Organisation in its Native Language (if Applicant is an Organisation)

Name of the Organisation in English (Used Translation)

Address of the Applicant

Country

CZ/HU/PL/SK/other

Telephone

Fax

E-mail

Website

http://

Statutory Representative

Contact Person Responsible for the Project

BIN (Registered Business Identification Number (Tax))

ID / Passport Number (if Applicant is a Citizen)

Registered VAT payer

YES / NO

Bank Name and Seat

IBAN Account Number

Dates (years) of previous applications for IVF grants, if any

Use the on-line application system at <http://applications.visegradfund.org/>

Serial numbers of previous approved projects, if any

1.2. Co-ordinator of the Project

Name

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State

CZ/HU/PL/SK/other

Telephone

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Fax

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E-mail

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2. Co-organising Partners**Partner 1**

Name of the Natural Person (if partner is citizen)		ID / Passport Number	
Name of the Organisation in its Native Language (if partner is organisation)			
Name of the Organisation in English (used translation)			
Statutory Representative:			
Address			Country
BIN (Registered Business Identification Number (Tax))			
Registered VAT Payer (underline the correct answer)			yes no
Phone	Fax	E-mail	
Role of the Partner: (max 2 rows)			

Attach the **original** letter of intend of this partner = confirmation of his participation on the project (in English)**Partner 2**

Name of the Natural Person (if Partner is citizen)		ID / Passport Number	
Name of the organisation in its native language (if Partner is organisation)			
Name of the organisation in English (used translation)			
Statutory Representative:			
Address			Country
BIN (Registered Business Identification Number (Tax))			
Registered VAT payer (underline the correct answer)			yes no
Phone	Fax	E-mail	
Role of the Partner: (max 2 rows)			

Attach the **original** letter of intend of this partner = confirmation of his participation on the project (in English)

Use the on-line application system at <http://applications.visegradfund.org/>**Partner 3**

Name of the Natural Person (if Partner is citizen)		ID / Passport Number	
Name of the organisation in its native language (if Partner is organisation)			
Name of the organisation in English (used translation)			
Statutory Representative:			
Address			Country
BIN (Registered Business Identification Number (Tax))			
Registered VAT payer (underline the correct answer)			yes no
Phone	Fax	E-mail	
Role of the Partner: (max 2 rows)			

Attach the **original** letter of intend of this partner = confirmation of his participation on the project (in English)

Please add additional partners, if relevant.

3. Matter and objective of the project

Short description (max 6 rows)

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Detailed description + your web page address if any (max 1 A4 page)

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Use the on-line application system at <http://applications.visegradfund.org/>

4. Target groups and groups benefitting from the project

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5. Events

Event	City	State	From (dd/mm/yyyy)	Till (dd/mm/yyyy)	Number of Participants (active/visitors)

6. Consequence of the project, expected contribution, outputs

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7. Media coverage of the project (PR activities)

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8. Done practice of the applicant in this field

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9. Shall the project continue after expiration of the contractual period? Describe how

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10. Stages (describe planned phases of the project realisation)

From dd/mm/yyyy	Till dd/mm/yyyy	Description of the stage	Contribution of IVF for each phase of the project in EUR

11. Budget for a period from till (max 36 months)

Total costs

Expected contribution from the IVF on total costs

IVF Share % (max 50 %)

A/ Contributions for the project (in EUR)

	confirmed	expected	total
IVF contribution			
Your own financial contribution			
Other organisations (specify names, cities) 1. 2.			
Own "in kind" contribution (specify) 1. 2.			
"In kind" contributions of other organisations (specify) 1. 2.			
Other contributions or receipts (specify)			
Total			

Attach confirmation letters from your co-financing partners and other organisations (with value of their contribution specified)

B/ Costs of the project - describe cost items

ITEMS (describe costs categories planned in your budget)	Price for the single item	Contribution of the IVF for each item	
	in EUR	in EUR	in %
1.			
2.			
3.			
4.			
...			
Total			

Attach breakdown of each budget item above EUR 2.000,- (on a separate attachment).

Use the on-line application system at <http://applications.visegradfund.org/>**12. Recommendations**

Names, telephone and fax numbers and addresses of persons, who can recommend the project			
Organization	Address and contacts	Name	Function / Position

Attach relevant letters of recommendation

13. Declaration

On behalf of applicant of the project I declare my awareness of obligations resulting from the project realisation. I declare that all information included in the project proposal are true and that the relevant institutions which shall co-operate in the framework of the proposed activities, have approved the project. I agree that the International Visegrad Fund processes personal data contained in this form.

Name of the Natural Person (if Applicant is Citizen)

Name of the Organisation in its Native Language (if Applicant is Organisation)

State

Telephone

Fax

E-mail

Statutory Representative

Contact Person Responsible for the Project

BIN (Registered Business Identification Number (Tax))

ID / Passport Number (if Applicant is a Citizen)

The applicant of the project agrees with possible publication of the project

Date	
Signature of the statutory representative	Stamp