# Grant Application for Bilateral Initiative –Travel Grant

# EEA/Norway Grants 2014 – 2021

Fund for Bilateral Relations Call No.: **FBRTG01**

1. **Information about the Applicant**
	1. **Identity and contact details**

|  |  |
| --- | --- |
| **Full legal name** | Add text. |
| **Legal form** | Select legal form. |
| **Registration number** | Add text. |
| **Statutory representative** | **Name and surname** | Add text. |
| **Registered address** | **Street/No.** | Add text. |
| **Postal code** | Add text. |
| **Town** | Add text. |
| **Country** | Select country. |
| **Contact person responsible for the initiative** | **Name and surname** | Add text. |
| **Position** | Add text. |
| **E-mail address** | Add text. |
| **Phone No.** | Add text. |
| **Website / Facebook page** | Add text. |
| **Number of participants in the initiative** | Add text. |
| **Names of participants** | Add text. |

* 1. **Bilateral partnership**

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| **PARTNER1** |
| **Full legal name** | Add text. |
| **Legal form** | Select legal form. |
| **Country** | Select country. |
| **Contact person** | **Name and surname** | Add text. |
| **E-mail address** | Add text. |
| **Description of the partner and partner´s involvement in the initiative** | Add text. |

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| **PARTNER2** |
| **Full legal name** | Add text. |
| **Legal form** | Select legal form. |
| **Country** | Select country. |
| **Contact person** | **Name and surname** | Add text. |
| **E-mail address** | Add text. |
| **Description of the partner and partner´s involvement in the initiative** | Add text. |

1. **Description and justification**

|  |  |
| --- | --- |
| **2.1 Initiative title** | Add text. |
| **2.2 Short description and justification** | Add text. |
| **2.3 Involvement of the partners** | Add text. |
| **2.4 Initiative’s objectives** | Add text. |
| **2.5 Expected result of bilateral cooperation** | Add text. |
| **2.6 Sustainability of the initiative and results** | Add text. |
| **2.7 Publicity** | Add text. |
| **2.8 Location of initiative implementation** | Add text. |
| **2.9 Implementation period** |
| **Planned Start Date** | Select date. | **Planned Completion Date** | Select date. |
| **2.10 Detailed time schedule** | Add text. |

1. **Bilateral indicators**
	1. **Standard indicators**

|  |  |  |
| --- | --- | --- |
| Indicator | Target | Source of verification |
| Number of participants from Slovakia in bilateral activities | Add text. | Add text. |
| Number of participants from Donor States in bilateral activities | Add text. | Add text. |
| Number of joint bilateral activities carried out | Add text. | Add text. |
| Number of activities promoting strengthening bilateral cooperation between Slovakia and Donor States | Add text. | Add text. |

* 1. **Activity indicators**

|  |  |  |
| --- | --- | --- |
| Indicator | Target | Source of verification |
| Add text. | Add text. | Add text. |
| Add text. | Add text. | Add text. |
| Add text. | Add text. | Add text. |

1. **Budget**

|  |  |  |
| --- | --- | --- |
| Budget Item | Total eligible costs | Description / Justification |
| Lump sum (per diems) | Add number. | Add text. |
| Travel costs | Add number. | Add text. |
| Additional travel costs | Add number. | Add text. |

1. **Annexes**

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| [ ]  Annex A – Signed partnership statement(s) |
| [ ]  Annex B – Short professional profile of participant(s) |
| Add text. |
| Add text. |
| Add text. |
| Add text. |
| Add text. |

1. **Declaration and signature**

I hereby declare that I am duly authorized to submit this Grant Application and that I had thoroughly reviewed all statements and information provided in this Grant Application and that they are correct and accurate.

I confirm that this initiative will be carried out as described in this Grant Application and that the grant requested reflects correctly what is reasonably needed as a minimum for the initiative to proceed and to be completed.

I hereby declare that, if the initiative is supported, the Government Office of the Slovak Republic and the FMO may publish the summary of the initiative and all the important information contained in this application under their sole discretion on their web sites.

By signing the Grant Application, I request granting the first advance payment in accordance with the terms of the call.

I hereby declare that all the results of the initiative will be open to the public during the in-force period of the contract and under the terms specified in the Contract. In this regard, I hereby declare that I take the full responsibility for the settlement of all claims related to these results so that their disclosure cannot be considered as a breach of the relevant legislation, for example the Copyright Act, Commercial Code and the Law on Personal Data Protection.

My organization shall take over any claims that the others could apply in relation to the Government Office of the Slovak Republic, relating to the publication of these results.

I hereby declare that the Slovak entities involved in this initiative as the applicant and or its partner:

* have settled financial relations with the state budget
* do not have tax liabilities
* do not have health insurance, social insurance and retirement savings liabilities;
* did not violate the prohibition of illegal work and illegal employment under special legislation for the period of its effectiveness (1 April 2005) and in case of illegal employment of foreigner under § 2. 2 point. c) of Act. 82/2005 Z. z. on illegal work and illegal employment and amending certain acts for a period of five years from the violation of this prohibition

I hereby declare, that no significant change shall occur in the period from the submission of the Grant Application until the conclusion of the Contract, which:

1. affects the nature of the initiative or its implementation, or which provides an unfair advantage to any entity
2. relates to the change in the ownership of an infrastructural item or a part of it, or the abortion of production activities.

I am aware that in case of violation of this declaration or these declarations, the grant may not be granted and the Government Office of the Slovak Republic is entitled to request the entire amount of the grant provided.

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| --- | --- |
| **Date** | Select date. |
| **Statutory name** | Add text. |
| **Statutory position** | Add text. |
| **Signature** |  |