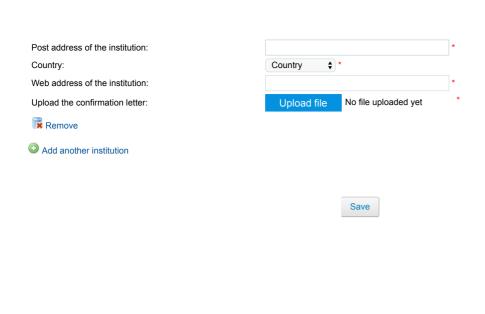
Basic information Project description Participants Budget Confirmation

All fields marked with an asterix (*) are mandatory.	
1. APPLYING INSTITUTION	
Please note that a letter of recommendation from home enterprise/o	organisation must be enclosed to the application
Name of the institution (In English):	*
Post address of the institution:	
Street:	
Postal code:	*
City:	*
Web address of the institution:	* ^
Country:	Country • *
Upload the letter of recommendation from home institution:	Upload file No file uploaded yet *
	opiode ins
2. PROJECT MANAGER	
First name:	
Surname:	
Position: Telephone:	
E-mail:	
Post address:	
Street:	
Postal code:	<del></del>
City:	
3. CONTACT INFORMATION OF THE SUPERIOR OF THE	PROJECT MANAGER
First name:	
Surname:	
Position:	
Telephone:	+45 Denmark
E-mail:	
Post address:	
Street:	*
Postal code:	
City:	
4. TYPE OF ACTIVITY *	
Group visits	
Network activities	
5. NUMBER OF PERSONS PARTICIPATING IN THE GROU	P VISIT
2	
6. HOST INSTITUTIONS/NETWORKING PARTNERS	
Please note that confirmation letters from each host enterprise/orga	nisation must be enclosed to the application.
Eligible models of mobility:	
<ul> <li>Nordic-Baltic mobility to at least two countries. Example: Nordic a mobility is not eligible for funding. Exchange with institutions und</li> </ul>	applicants visit at least two Baltic countries or Baltic applicants visit at least two Nordic countries. Inter-Nordic or inter-Baltic
	nimum participation of two different Nordic and one Baltic countries or, alternatively, one Nordic and two different Baltic
countries (NB 2+1 or 1+2).	
Name of the institution (In English):	*
Contact person's first name:	*
Contact person's surname:	*
Contact person's position:	*
E-mail:	*
Telephone:	+45 Denmark
	• 7



Next >

Basic information	Project description	Participants	Budget	Confirmation			
All fields marked with an	asterix (*) are mandatory.						
7. PROJECT TITLE:							
							*
8a. SECTOR OF ACT	IVITY OF THE PROJEC	:T *					•
	, fisheries and food issue	es					
	, business and entrepren	eurship issues					
Education and research	arch						
Environment Gender equality							
Labour and working							
Legislative issues, p	development						
Social and health Other							
Comments on the sec	tor(s) of activity:						
	tor(o) or douvity.						
						*	
						1.	
8b. MAIN OBJECTIVE	ES OF THE PROJECT (	Max 75 words) *					
You have <b>75</b> words remark	aining					- /1	
8c. DESCRIPTION O	F THE ACTIVITIES OF 1	THE PROJECT *					
Please describe the deta	ailed plan and content of the	e activities; max. 500	0 words.				
You have 500 words ren	naining					.,	
8d. EXPECTED RESU	ULTS OF THE PROJECT	Γ (Max 100 words	s) *				
You have 100 words ren	naining					~	
9. HOW IS GENDER	EQUALITY PERSPECT	VE INTEGRATED	IN THE PRO	OJECT? (Max 100	words) *		
You have 100 words ren	naining						

10. HOW WILL THE PROJECT BENEFIT THE PARTICIPATING ORGANISATIONS? (Max 150 words) \*

You have <b>150</b> words remaining	-20
11. HOW WILL THE PROJECT CONTRIBUTE TO THE OBJECTIVES O	DF THE PROGRAMME? *
Please select the Indicators of Success that apply to your project objective	ves:
Increased visibility of Nordic-Baltic cooperation	
☐ Increased quality and involvement in the Nordic-Baltic cooperation ☐ Increased knowledge transfer for mutual benefit on all administrative	levels
Increased network cooperation in politically prioritised areas	
☐ Increased experience exchange on best practices in respect of public	
Increased coordination of joint Nordic-Baltic utilisation of different EU Increased cross-sectoral cooperation	funds and project financing
Joint projects developed and/or other spin-off effects as a result of the	e programme
Explain: (Max 150 words)	
You have 150 words remaining	
< Back	Next >
	Save

## Nordic-Baltic Mobility Programme for Public Administration 2017

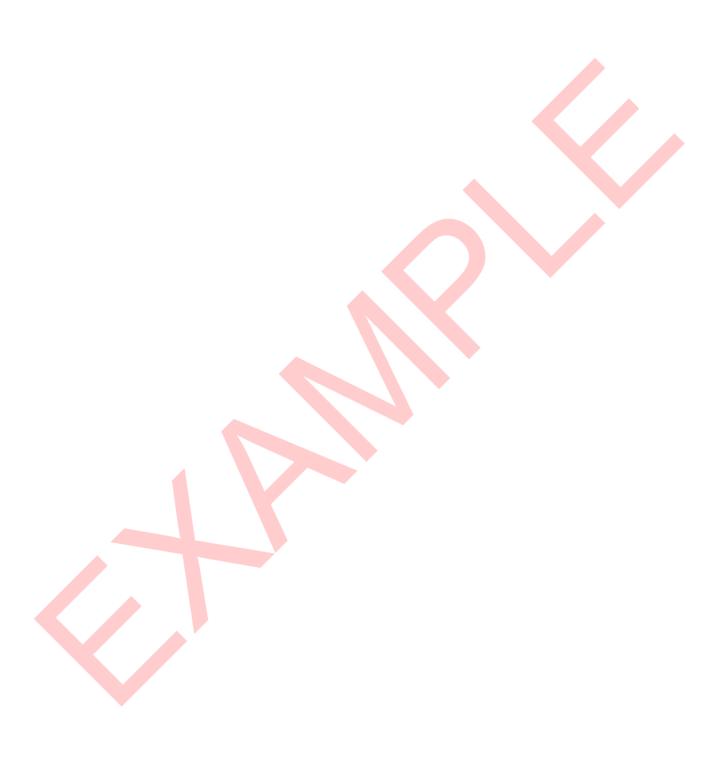
Basic information	Project description	Participants	Budget	Confirmation		
The total number of parti	icipants should be between	2-8 people.				
All fields marked with an	asterix (*) are mandatory.					
PARTICIPANT INFO						
14a. First name						*
14b. Surname:						*
15. Date of birth: 16. Sex:			-	- •		
17. Proffessional title /	/ position:		emale ¥			*
Tri Tonosional allo	, posicioni					
18. PERSONAL CON	TACT INFORMATION A	T OFFICE				
E-mail:						*
Telephone:		4	+45 Denmark	*		*
19. HOME INSTITUTI	ON					
Name of the institution	n:					*
Post address of the i	institution:					
Street:						*
Postal code:						*
City:						*
Web address of the in	stitution:					*
Country:			Country	*		
20. INDIVIDUAL ROL	E IN THE PROJECT					
Please describe your inc	dividual objectives and role	in the project; maxi	mum 300 words	S.		
You have <b>300</b> words ren	maining				<i>1</i> ,	
Tod Have ggg Words Tell	naming					
40.5 11 1 10						
All fields marked with an	asterix (*) are mandatory.					
PARTICIPANT INFO						
14a. First name						*
14b. Surname:						*
15. Date of birth:		-	- +	- <b>*</b>		
16. Sex:			<b>\$</b>			
17. Proffessional title /	/ position:					*
18 PERSONAL CON	TACT INFORMATION A	T OFFICE				
E-mail:	TAOT IN CHIMATION A	I OI I IOL				*
				<b>\$</b>		
Telephone:						*
19. HOME INSTITUTI						
Name of the institution						*
Post address of the i	institution:					*
Postal code:						*
City:						*
Web address of the in:	etitution:					

Country:	Country •
20. INDIVIDUAL ROLE IN THE PROJECT	
Please describe your individual objectives and role in the project;	maximum 300 words.
You have 300 words remaining	de la companya de la
Add another participant	
< Back	Next >
	Save

Basic information	Project description	Participants	Budget	Confirmation		
All Calda are also deside are and						
All fields marked with an ast	erix (*) are mandatory.					
Please specify the dates a	and number of davs b	ov country:				
			min. 3 and max	a. 10 working days pe	r country. In special cases, e.g. internsh	nips and on the job-training, a maximum of 20
working days per country is	possible. These rules de					within a period of 6 months. A grant should be
used within twelve months a	fter notification.					
	•	tomatically inserte	d to the budget	part of the application	. You can change the number of days a	at the budget part of the application according
to the days you wish to apply	y for daily allowance.					
Name of the participant	Country		Starts at		Ends at	Days
	Country	<b>\$</b>			- \$ - \$ -	<b>\$</b>
						Add another countr
						7 100 01101101 000110
Name of the participant			Starts at		Ends at	Days
	Country	<b>\$</b>	- + - +	•) ( - •) -		
						Add another countr
						Total: 0
12. Budget Item					In Total	Applied from the Programme
						out before the funding decision from the
Please note that the inputs r  I. Travel costs (total) *	named with the grey ba	onground are cale	diated automati	cany by the system.		
1.1 Travel insurance						
1.2 International Travel C	osts					
1.3 Local Travel Costs						
Total						
2. Accomodation Costs	and Per diem (comb	bined) *				
Please note that the combin	ed sum of exp <mark>end</mark> itures	on accommodation	on and per diem	s may be covered fro	m the programme only up to 110 EUR p	per person per day.
	Per day	y	Days		In total	Applied in total
2.1 Accomodation costs			0		0.00	
	Per day	y	Days		In total	Applied in total
2.2 Per diem			0		0.00	
					In total	Applied in total
2.3 Total					0.00	
Total Budget of the project	et:					0.00
Total Amount Applied from	n the Nordic-Baltic Mo	obility and Netwo	ork Programm	e for Public Adminis	stration	
Please note that the program	mme can finance max. 6	60% of the total pro	oject costs.			
Co-financing (min. 40%	of the total budget): *					
Jpload a confirmation reg			Uploa	nd file No file u	ploaded yet *	
13. ADDITIONAL FINAN	CIAL SUPPORT APF	PLIED FOR/REC	EIVED FROM	OTHER SOURCE	:S *	
YES, applied						
YES, received						
NO	applied/received a	n ac wall as a	Irco			
f yes, please state the a	ippneu/receivea sun	ıı as well as sol	urce.			

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## **Nordic-Baltic Mobility Programme for Public Administration 2017**

Basic information	Project description	Participants	Budget	Confirmation				
	elated to any other proje the project/application				ne? If yes, pleas	e specify the nam	e of the applying	organisation and of
You have 300 words rer	naining							
Applicant								•
Project manager	Ins	stitution						
Name:	0	rganisation's nam	ie:					
Telephone:	S	treet:						
E-mail:	Р	ostal code:						
		ity:						
		/eb address.:						
	C	ountry:						
Date:								
☐ I hereby confirm the	nat the data is correct and		ew application		Management Boo	У		