

Nordic-Baltic Mobility Programme for Public Administration 2017

Basic information

Project description

Participants

Budget

Confirmation

All fields marked with an asterisk (*) are mandatory.

1. APPLYING INSTITUTION

Please note that a letter of recommendation from home enterprise/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: No file uploaded yet *

2. PROJECT MANAGER

First name: ...

Surname: ...

Position: ...

Telephone: ...

E-mail: ...

Post address:

Street: ...

Postal code: ...

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 GROUP VISIT

6. HOST INSTITUTIONS/NETWORKING PARTNERS

Please note that confirmation letters from each host enterprise/organisation must be enclosed to the application.

Eligible models of mobility:

- Nordic-Baltic mobility to at least two countries. Example: Nordic applicants visit at least two Baltic countries or Baltic applicants visit at least two Nordic countries. Inter-Nordic or inter-Baltic mobility is not eligible for funding. Exchange with institutions under the Nordic Council of Ministers is considered multilateral.
- Network mobility to one country for at least three parties, i.e., minimum 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 *

Post address of the institution:

Country:

Country 

Web address of the institution:

Upload the confirmation letter:

No file uploaded yet

 Remove

 Add another institution

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All fields marked with an asterisk (*) are mandatory.

7. PROJECT TITLE:

8a. SECTOR OF ACTIVITY OF THE PROJECT *

- Agriculture, forestry, fisheries and food issues
- Culture
- Economic, financial, business and entrepreneurship issues
- Education and research
- Energy
- Environment
- Gender equality
- Labour and working environment
- Legislative issues, police
- Local and regional development
- Social and health
- Other

Comments on the sector(s) of activity:

8b. MAIN OBJECTIVES OF THE PROJECT (Max 75 words) *

You have 75 words remaining

8c. DESCRIPTION OF THE ACTIVITIES OF THE PROJECT *

Please describe the detailed plan and content of the activities; max. 500 words.

You have 500 words remaining

8d. EXPECTED RESULTS OF THE PROJECT (Max 100 words) *

You have 100 words remaining

9. HOW IS GENDER EQUALITY PERSPECTIVE INTEGRATED IN THE PROJECT? (Max 100 words) *

You have 100 words remaining

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

You have 150 words remaining

11. HOW WILL THE PROJECT CONTRIBUTE TO THE OBJECTIVES OF THE PROGRAMME? *

Please select the Indicators of Success that apply to your project objectives:

- 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 administration and facilitation of harmonisation of standards
- Increased coordination of joint Nordic-Baltic utilisation of different EU funds and project financing
- Increased cross-sectoral cooperation
- Joint projects developed and/or other spin-off effects as a result of the programme

Explain: (Max 150 words)

You have 150 words remaining

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The total number of participants should be between 2-8 people.

All fields marked with an asterisk (*) are mandatory.

PARTICIPANT INFO

14a. First name *

14b. Surname: *

15. Date of birth: - - *

16. Sex: *

17. Professional title / position: *

18. PERSONAL CONTACT INFORMATION AT OFFICE

E-mail: *

Telephone: *

19. HOME INSTITUTION

Name of the institution: *

Post address of the institution:

Street: *

Postal code: *

City: *

Web address of the institution: *

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

All fields marked with an asterisk (*) are mandatory.

PARTICIPANT INFO

14a. First name *

14b. Surname: *

15. Date of birth: - - *

16. Sex: *

17. Professional title / position: *

18. PERSONAL CONTACT INFORMATION AT OFFICE

E-mail: *

Telephone: *

19. HOME INSTITUTION

Name of the institution: *

Post address of the institution:


Street: *

Postal code: *

City: *

Web address of the institution: *


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

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All fields marked with an asterisk (*) are mandatory.

Please specify the dates and number of days by country:

The range of duration of stay in the country of destination is generally min. 3 and max. 10 working days per country. In special cases, e.g. internships and on the job-training, a maximum of 20 working days per country is possible. These rules do not apply to network activities. Programme activities split into two occasions must take place within a period of 6 months. A grant should be used within twelve months after notification.

Please note that the total number of days will be automatically inserted to the budget part of the application. You can change the number of days at the budget part of the application according to the days you wish to apply for daily allowance.

Name of the participant	Country	Starts at	Ends at	Days
<input type="text"/>	Country ▾	- ▾ - ▾ - ▾ -	- ▾ - ▾ - ▾	<input type="text"/>
+ Add another country				
Name of the participant	Country	Starts at	Ends at	Days
<input type="text"/>	Country ▾	- ▾ - ▾ - ▾ -	- ▾ - ▾ - ▾	<input type="text"/>
+ Add another country				
				Total: <input type="text" value="0"/>

12. Budget Item	In Total	Applied from the Programme
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The budget should be in EUR. Please note that confirmation letter regarding co-financing must be enclosed to the application. Activities carried out before the funding decision from the programme are not eligible for funding from the programme.

Please note that the inputs marked with the grey background are calculated automatically by the system.

1. Travel costs (total) *

1.1 Travel insurance	<input type="text"/>	<input type="text"/>
1.2 International Travel Costs	<input type="text"/>	<input type="text"/>
1.3 Local Travel Costs	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

2. Accommodation Costs and Per diem (combined) *

Please note that the combined sum of expenditures on accommodation and per diems may be covered from the programme only up to 110 EUR per person per day.

	Per day	Days	In total	Applied in total
2.1 Accommodation costs	<input type="text"/>	<input type="text" value="0"/>	0.00	<input type="text"/>
2.2 Per diem	<input type="text"/>	<input type="text" value="0"/>	0.00	<input type="text"/>
2.3 Total			0.00	<input type="text"/>
Total Budget of the project:				0.00
Total Amount Applied from the Nordic-Baltic Mobility and Network Programme for Public Administration				<input type="text"/>

Please note that the programme can finance max. 60% of the total project costs.

Co-financing (min. 40% of the total budget): *

Upload a confirmation regarding co-financing:

[Upload file](#)

No file uploaded yet *

13. ADDITIONAL FINANCIAL SUPPORT APPLIED FOR/RECEIVED FROM OTHER SOURCES *

- YES, applied
 YES, received
 NO

If yes, please state the applied/received sum as well as source.

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Is your application related to any other projects/applications submitted to this programme? If yes, please specify the name of the applying organisation and of the project leader of the project/application which is related to your project/application.

You have 300 words remaining

Applicant

Project manager

Name: ...

Telephone: ...

E-mail: ...

Date: ...

I hereby confirm that the data is correct and that I am the project manager.

Institution

Organisation's name:

Street:

Postal code:

City:

Web address.:

Country:

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