

TEST APPLICATION ROUND for Public Administration 2020


Basic info
Step 1

Project
Step 2

Participants
Step 3

Budget
Step 4

Confirmation
Step 5

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

1. Applying institution

 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:

*

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:

*

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

 This value changes automatically according to changes in Step 3.

2

6. Host institutions/networking partners

 **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: *

Post address of the institution: *


Country: *

Web address of the institution: *

Upload the confirmation letter: No file uploaded yet *

 REMOVE

 ADD INSTITUTION/PARTNER

 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

! For projects of group study visits, the eligible number of participants is **2-8 persons per project**.

Participant info

First name

*

Surname:

*

Date of birth:

*

Sex:

*

Professional title / position:

*

Personal contact information at office

E-mail:

*

Telephone:

*

Home institution

Name of the institution:

*

POST ADDRESS OF THE INSTITUTION:

Street:

*

Postal code:

*

City:

*

Web address of the institution:

*

Country:

Country

▼ *

Individual role in the project

Participant info

First name

*

Surname:

*

Date of birth:

 - -

*

Sex:

Female

▼ *

Professional title / position:

*

Personal contact information at office

E-mail:

*

Telephone:

Ext

▼

*

Home institution

Name of the institution:

*

POST ADDRESS OF THE INSTITUTION:

Street:

*

Postal code:

*

City: *

Web address of the institution: *

Country: *

Individual role in the project

[+ ADD ANOTHER PARTICIPANT](#)

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

11. 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.

i 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.

Participant 1

NAME	COUNTRY	DATE RANGE	DAYS
<input type="text"/>	<input type="text" value="Country"/>	<input type="text"/>	<input type="text"/>

Participant 2

NAME	COUNTRY	DATE RANGE	DAYS
<input type="text"/>	<input type="text" value="Country"/>	<input type="text"/>	<input type="text"/>

Total number of days:

12. Budget *

! The budget should be in EUR. 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.

i Inputs marked with the grey background are calculated automatically by the system.

1. Travel costs (total)

BUDGET ITEM	PROJECT BUDGET	APPLIED FROM THE PROGRAMME
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. Accomodation Costs and Per diem (combined) *

i The combined sum of expenditures on accommodation and per diems may be covered up to 110 EUR per person per day from the allocated grant of the mobility programme.

COST TYPE	PER DAY	DAYS	PROJECT BUDGET	APPLIED FROM THE PROGRAMME
2.1 Accomodation costs	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text"/>
2.2 Per diem	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text"/>
Total			<input type="text" value="0.00"/>	<input type="text"/>

3. Co-financing and Amount Applied from the Programme *

i The programme can finance max. 60% of the total project costs.

	PROJECT BUDGET	APPLIED FROM THE PROGRAMME
3.1 Total Budget of the project:	<input type="text" value="0.00"/>	
3.2 Co-financing (min. 40% of the total budget): *	<input type="text"/>	
3.3 Total Amount Applied from the Nordic-Baltic Mobility and Network Programme for Public Administration		<input type="text"/>

Upload a confirmation regarding co-financing: 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.

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	INSTITUTION
Name:	Organisation's name:
Telephone:	Street:
E-mail:	Postal code:
	City:
	Web address.:
	Country:

Date: 01.01.2020

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

SAVE