

TEST APPLICATION ROUND for Public Administration 2018

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Basic info
Step 1

Project
Step 2

Budget
Step 3

Participants
Step 4

Confirm
Step 5

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

1. APPLYING ENTERPRISE/ORGANISATION *

 A letter of recommendation from home enterprise/organisation must be enclosed to the application

Name of the enterprise/organisation (In English): *

POST ADDRESS OF THE ENTERPRISE/ORGANISATION:

Street: *

Postal code: *

City: *

Country: *

Web address: *

Line of business/sector: *

Upload the letter of recommendation from home enterprise/organisation: No file uploaded yet *

2. TYPE OF ENTERPRISE/ORGANISATION *

- One-man business
- Micro enterprise (<10 employees)
- Small enterprise (<50 employees)
- Medium-sized enterprise (<250 employees)
- Business incubator
- Public authority working on business framework conditions
- Business organisation
- Other

3. Project manager *

First name: ...

Surname: ...

Position: ...

Telephone: ...

E-mail: ...

POST ADDRESS:

Street: ...

Postal code: ...

City: ...

Country: ...

4. CONTACT INFORMATION OF THE MANAGER OF YOUR ENTERPRISE/ORGANISATION *

First name: *

Surname: *

Professional title/position: *

E-mail: *

Telephone: Ext *

POST ADDRESS:

Street: *

Postal code: *

City: *

Country: Country ▼ *

5. Type of activity *

Group visits

Network activities

6. NUMBER OF PERSONS IN THE GROUP *

*

7. NUMBER OF ENTERPRISES/ORGANISATIONS REPRESENTED IN THE PROJECT (INCLUDING THE HOST AND NETWORKING PARTNERS) *

*

8. HOST ENTERPRISES/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:

Ext *

Post address of the institution:

 *

Country:

Country *

Web address of the institution:

 *

Upload the confirmation letter:

 No file uploaded yet *

 REMOVE

 ADD INSTITUTION/PARTNER

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

9. Project title: *

 *

10. PRIORITY AREA OF THE ACTIVITY *

- Green Growth
- Health and welfare innovation
- Entrepreneurship and young entrepreneurs
- Business incubator network
- Promoting cluster cooperation aimed at global markets, especially in creative, innovative and knowledge-based industries
- Initiatives to identify and remove barriers to trade and mobility within the Nordic-Baltic region
- Other

Comments:

11. SUGGESTED DATES AND DURATION OF THE PROJECT *

! 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.

Project begins at and ends at

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.

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" value=""/>	<input type="text" value=""/>
+ ADD COUNTRY			

12. Main objectives of the project (Max 75 words) *

You have **75** words remaining

13. 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

14. Expected results of the project (Max 100 words) *

You have **100** words remaining

15. How is gender equality perspective integrated in the project? (Max 100 words) *

You have **100** words remaining

16. HOW WILL YOUR ENTERPRISE/ORGANISATION BENEFIT FROM THE PROJECT? (Max 150 words) *

You have **150** words remaining

17. 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
- Strengthened economic cooperation in the Nordic-Baltic countries
- Increased promotion of entrepreneurship
- Strengthened regional business development and cluster cooperation
- Increased networking cooperation on innovative projects
- Initiatives on the development of new business innovation and entrepreneurship policies
- Increased experience exchange on best practices in respect of business practice, business culture and business ethics
- Facilitation of harmonisation of rules and standards
- Increased coordination of joint Nordic-Baltic utilisation of different EU funds and project financing
- Increased technology transfer for mutual benefit
- Development of other joint projects in the future with possible spin-off effects as a result

Explain: (Max 150 words)

You have **150** words remaining

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

18. Budget *

⚠ The budget should be in Danish Kroner (DKK). 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 background are calculated automatically by the system.

1. Travel costs (total)

BUDGET ITEM	IN TOTAL	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. Accommodation Costs and Per diem (combined) *

i 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.

COST TYPE	PER DAY	DAYS	IN TOTAL	APPLIED IN TOTAL
2.1 Accommodation costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2 Per diem	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Extra costs for support activities

0.00

0.00

 Eligible in special cases only, see Guidelines.

Total

Total Budget of the project:

Total Amount Applied from the Nordic-Baltic Mobility and Network Programme for Public Administration

 The programme can finance max. 70% of the total project costs.

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

Upload a confirmation regarding co-financing:

 **UPLOAD FILE**

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19. 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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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:

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

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

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SAVE

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