EXAMPLE APPLICATION ROUND for Public Administration 2023

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Basic info Step 1	Project Step 2	Participants Step 3	Budget Step 4	Confirmation Step 5

ℹ️ All fields marked with an asterix (*) 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: [Country ▾] *

Upload the letter of recommendation from home institution: [☁ UPLOAD FILE]   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:	Ext ▼	[ ] *

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

⚠ <u>Confirmation letters</u> 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: [☁ UPLOAD FILE]   No file uploaded yet *

🔴 **REMOVE**

🟢 **ADD INSTITUTION/PARTNER**

ℹ️ All fields marked with an asterix (*) 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:

[text area]

8b. Main objectives of the project (Max 75 words) *

[text area]

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.

[text area]

You have **500** words remaining

8d. Expected results of the project (Max 100 words) *

[text area]

You have **100** words remaining

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

[text area]

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:	[Female ▼] *
Proffessional 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 ▼] *

Proffessional 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

[   ]

➕ **ADD ANOTHER PARTICIPANT**

ℹ All fields marked with an asterix (*) 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
	Country ▾	📅	

Participant 2

NAME	COUNTRY	DATE RANGE	DAYS
	Country ▾	📅	

Total number of days: 0

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.

ℹ️ 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		
1.2 International Travel Costs		
1.3 Local Travel Costs		
Total		

2. Accomodation Costs and Per diem (combined) *

COST TYPE	PER DAY	DAYS	PROJECT BUDGET	APPLIED FROM THE PROGRAMME
2.1 Accomodation costs		0	0.00	
2.2 Per diem		0	0.00	
Total			0.00	

3. On-line meetings

ℹ️ Rent of technical devices/meeting rooms/technical help for on-line meetings are considered as eligible costs for on-line meetings.

BUDGET ITEM	PROJECT BUDGET	APPLIED FROM THE PROGRAMME
3.1 Costs for on-line meetings		

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

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

	PROJECT BUDGET	APPLIED FROM THE PROGRAMME
4.1 **Total Budget of the project:**	0.00	
4.2 **Co-financing** (min. 40% of the total budget): *		
4.3 **Total Amount Applied from the Nordic-Baltic Mobility and Network Programme for Public Administration**		

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.

[ ]

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: 01.01.2023

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

PREVIEW APPLICATION	SEND TO MANAGEMENT BODY