

Instructions to Applicants:

* This application form is to be used for applications for ***Minor*** ***Grants*** to cultural promotion, business promotion and/or information activities from the Norwegian Embassy in Athens.
* ***Minor*** ***Grants*** may be given to low-risk activities that meet the following criteria:
* Grant amount not exceeding NOK 100 000.
* The support period not exceeding 12 months.
* All information asked for in this application form should be filled in. If some points are not relevant, an explanation must be provided. The budget must be attached to the application.

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| **1. Contact information** |
| 1.1 Name of applicant (and abbreviation): |
| 1.2 Postal address: |
| 1.3 E-mail address: |
| 1.4 Telephone no: |
| 1.5 Website: |
| 1.6 Contact person, name and title: |
| 1.7 Contact person, e-mail address: |
| 1.8 Contact person, telephone no: |

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| **2. About the applicant** |
| 2.1. Country of jurisdiction and registration number:  |
| 2.2 Describe the applicant’s purpose and main field of work as well as prior experience and competence within the same thematic area as in this application: |
| 2.3 Has the applicant previously received support from the Embassy? | [ ]  Yes [ ]  No  |

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| **3. The activity** **and expected results** |
| 3.1 Title of the activity: |
| 3.2 Total amount applied for: |
| 3.3 Where the activity will be implemented (country/area): |
| 3.4 Activity implementation timeframe: |
| 3.6 Give a description of the following: 1. The activities that will be carried out:
2. The target group(s):
3. The expected results:
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| 3.7 Any other information of significance to the application: |

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| **4. Risk assessments** |
| Identify risks that may affect the achievement of the desired results and describe how these risks will be mitigated:  |

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| **5. Budget** |
| The budget must be attached to the application. There is one template for press and expert travel and one for all other activities. The applicant is free to choose a different format. See template for guidance.  |

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| **6. Disbursements** |

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| The preferred method of disbursement is:  □ in advance, upon signing of the Agreement □ upon completion of the Activity, based on invoices and receipts  |
| Name of the account: |
| Account no.: |
| IBAN no.: |
| Name and address of the bank: |
| Swift/BIC code: |
| Currency of the account: |

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| **7. Date and signature** |
| By signing, I confirm that I am authorised to enter this application on behalf of the applicant, and I confirm to the best of my judgment and conviction that the information in this application is correct. |
| Name and title: |
| Date and place: |
| Signature: |