

APPLICATION FORM

Title of the bilateral initiative for artistic residency: _____

1. Applicant's name and acronym:

Name: _____

Acronym: _____

2. Applicant's contact details:

Correspondence address: _____

Town(city): _____

Phone: _____

E-mail: _____

Website: _____

3. Authorized person to represent the applicant (legal representative):

Name and surname: _____

Position within the organization: _____

Correspondence address: _____

Phone/mobile: _____

E-mail: _____

4. Contact person within the organization:

Name and surname: _____

Position within the organization: _____

Correspondence address: _____

Phone/mobile: _____

E-mail: _____

5. Partner organization:

Name and acronym: _____

Correspondence address: _____

Town(City): _____

Phone: _____

E-mail: _____

Website: _____

6. Contact person within partner organization

Name and surname: _____

Position within the organization: _____

Correspondence address: _____

Phone/mobile: _____

E-mail: _____

7. Brief description of the applicant organization:

Please provide a brief description of your organization: intervention area, legal status, activities undertaken, organizational profile, etc.

8. Brief description of the potential partner organization:

Please describe briefly the organization involved in this residency: intervention area, legal status, activities undertaken, organizational profile, etc.

Was there any previous collaboration with the potential partner? If so, give details.

9. Artists proposed for the bilateral residency:

Name	Surname	Field of art	Contact details

*a person is eligible only for one artistic residency. The artist must present a contract with the applicant organization. Maximum 2 artists per entity will receive the lump-sum, of which one should be Ukrainian artist.

10. Description of the bilateral artistic residency:

Please describe the activities planned for the residency.

11. Outcomes of the bilateral initiative for artistic residency:

Please describe the expected outcomes of the residency, explanation of your artistic project. It will be highlighted the manner in which the outcomes of the residency interval will contribute to strengthening bilateral relations between Donor States and Romania.

12. Period of the bilateral artistic residency:

Mention the dates of the visit:

- start date:
- end date:

13. Outcome indicators:

Number of institutions from Romania and Donor States involved	
Number of artists from Romania and Donor States involved	
Number of articles published regarding the residency	
Number of public performance/ exhibitions at the end of the residency period	

14. Budget of the bilateral initiative for artistic residency (EURO):

Expenditures	No. of days	Subsistence value	Transport value	Total grant requested
(1)	(2)	(3)	(4)	(5)=(3)+(4)
Artist 1: ..name				
Artist 2: ..name				
Total				

For the reimbursement of expenses for international transport, it is mandatory to submit the **boarding passes**.

I, the undersigned, as legal representative of *<name of the organisation>*, being aware that false statements made in declaration are punished by the penal law, confirm on behalf of our institution / organisation that the information contained in this form are true, complete and accurate and can be proved by official documents which can be made available to the Project Management Unit.

Name and surname of the legal representative:

Position:

Signature of the legal representative: Stamp (if applicable):
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Date and place:

The filled-in form should not exceed 6 pages!