* 1. **Youth Exchange “ The key to success”**

Please fill below:

1. **IDENTIFICATION OF THE PROMOTER**

|  |  |
| --- | --- |
| 1. **PROMOTER**

Legal name of sending organization |  |
| Legal name of sending organization (in own language) |  |
| Acronym, if applicable |  |
| National ID number, if applicable |  |
| Department, if applicable |  |
| Complete legal address, postal code, city, country, region, website, e-mail, phone and fax number of sending organization |  |
|  **II.LEGAL REPRESENTATIVE**Name and surname of legal representative of sending organization |  |
| Position of legal representative in sending organization |  |
| Phone number, fax number, e-mail and complete address |  |
| **III.LEADER OF THE GROUP (CONTACT PERSON)**Name and surname of authorized person to represent sending organization in project |  |
| Position of authorized person to represent sending organization in project in organization |  |
| E-mail , phone and fax number of authorized person to represent sending organization in project |  |

1. **PROFILE OF THE PROMOTER**

|  |  |
| --- | --- |
| Status ( public or private) |  |
| Type of sending organization (non profit NGO, European youth in action active organism or informal group of young people) |  |
| Level of activity of sending organization (local, regional, national, European or international) |  |
| Objectives and activities of sending organization (a short description of sending organization like members, activities) in general and related to the theme of the project |  |
| A short description of sending organization’s role in the project |  |
| Please give information about any type of Community grant your organisation/group has received/applied for in the same financialyear. |  |
| **Programme or Initiative**  | **Identification/contract number** | **Contracting promoter** | **Title of the project** |
|  |  |  |  |

**Please specify if any of the members of your group qualify as young people with fewer opportunities as specified below (one person per group is recommended**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and surname** | **Country**  | **Email, address**  | **Category of fewer opportunity**  | **Details regarding mentioned difficulty** |
|  |  |  | □ Educational difficulty **□** Social obstacles□ Cultural differences□ Economic obstacles□ Disability□ Health problems□ Geographical obstacles□ Others, please specify |  |