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**Project:** *Innovation Lab network*

#### Organization details

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| **PIC** |  |
| **Please confirm that you have uploaded to you URF portal your latest registration document scan – VERY VERY IMPORTANT !!!** |  |
| **Full legal name (National Language)** |  |
| **Full legal name (Latin characters)** |  |
| **Acronym** |  |
| **National ID (if applicable)** |  |
| **Department (if applicable)** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Post Code** |  |
| **CEDEX** |  |
| **City** |  |
| **Website** |  |
| **Email** |  |
| **Telephone 1** |  |
| **Telephone 2** |  |
| **Fax** |  |
| **Profile** | |
| **Type of Organisation** |  |
| **Is the partner organisation a public body?** |  |
| **Is the partner organisation a non-profit?** |  |
| **Accreditation** | |
| **Has the organisation received any type of accreditation before submitting this application?** |  |
| **Accreditation Type Accreditation Reference** |  |
| **Background and Experience** | |
| **Please briefly present your organisation.** |  |
| **What are the activities and experience of your organisation in the areas relevant for this application?** |  |
| **What are the skills and expertise of key staff/persons involved in this application (you need the profile of at least 3 experts in your organization-max 8 lines for each profile)?** |  |
| **Legal Representative** | |
| **Title** |  |
| **Gender** |  |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |
| **If the address is different from the one of the organisation, please tick this box** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Post Code** |  |
| **CEDEX** |  |
| **City** |  |
| **Telephone 2** |  |
| **NGO experience about the subject of the project** | |
| **Please describe the background and experience of your NGO.** |  |
| **How do you want to be involve and help in this project ?** |  |
| **Please describe the background and needs of the participants from your NGO. How do you believe they will be involved in this project?** |  |
| **Do you intend to involve participants facing situations that make their participation in the activities more difficult? Please give us a short description.** |  |
| **How many participants (out of the total number) would fall into this category?** |  |
| **How many participants with fewer opportunities could come from your NGO ?** |  |
| **Which types of situations are these participants facing?**  **-cultural differences**  **-disability**  **-economic obstacles**  **-educational difficulties**  **-geographical obstacles**  **-health problems**  **-social obstacles** |  |
| **What do you believe will be the expected impact on the participants, and your NGO and target groups?** |  |
| **What do you believe will be the desired impact of the project at the local and regional levels?** |  |
| **Which activities will you carry out in order to share the results of our project (in your organization, participants and partners) ?** |  |

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| --- | --- |
| Persone Contact: |  |
| Title, Family Name |  |
| First Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Adress |  |

**Has the organisation received/applied for any EU grants?**

|  |  |  |  |
| --- | --- | --- | --- |
| EU Programme | Year | Project Identification or Contract  Number | Applicant/Beneficiary Name |
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| The application forms should be sent to the following e-mail address:  [info@futurodigitale.org](mailto:info@futurodigitale.org) |