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**PARTNER IDENTIFICATION FORM**

|  |  |
| --- | --- |
| Coutnry |  |
| City |  |

**C.2. Partner Organization**

|  |  |
| --- | --- |
| Full legal name |  |
| PIC |  |
| Official Legal form |  |

**C.2.2. Accreditation**

**Has the organization received any type of accreditation before submitting this application?**

|  |  |
| --- | --- |
| Accreditation Type | Accreditation Reference |
|  |  |
|  |  |
|  |  |

**C.2.3. Legal Representative**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

**If the address is different from the one of the organization, please indicate the address in the box below:**

|  |
| --- |
|  |

**C.1.5. Contact Person**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

**If the address is different from the one of the organization, please indicate the address in the box below:**

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**C.3.3. Background and Experience**

**Please briefly present the partner organization.** **(e.g. its type, size, scope of work, areas of specific expertise, specific social context and, if relevant, the quality system used)**

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**What are the activities and experience of the organization in the areas relevant for this application?**

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**What are the skills and expertise of key staff/persons involved in this application?**

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**In what way is the project innovative and/or complementary to other projects already carried out by your organization?**

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|  |

**Please give information about any type of Community grant you organization/ group has received/applied for in the last financial year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program or Initiative** | **Identification/contract Number** | **Contracting promoter** | **Title of the project** |
|  |  |  |  |
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