# PROFILE OF ORGANISATION

|  |  |
| --- | --- |
| PIC |  |
| Legal Name |  |
| Acronym |  |
| Type of organisation \* |  |
| Department |  |
| E-mail |  |
| Telephone (1) |  |
| Fax |  |

# Contact Details

## Legal representative

|  |  |
| --- | --- |
| Title |  |
| Family Name |  |
| First Name |  |
| Position |  |
| E-mail |  |
| Telephone |  |

## Contact Person

|  |  |
| --- | --- |
| Title |  |
| Family Name |  |
| First Name |  |
| Position |  |
| E-mail |  |
| Telephone |  |

## Participants

|  |  |  |
| --- | --- | --- |
| Number of participants you will be able to send*(Please check the call for info on each activity)* | For A01 |  |
| For A02 |  |
| For A03 |  |
| With fewer opportunities? | [ ]  No | [ ]  Yes, their profile: |
|  |

## Local Initiatives phase:

During the local initiatives phase the participants will work independently in their organisations. This will allow them to apply the knowledge they gathered within the programme of TfM and have a pilot phase of the developed tool for their beneficiaries.

Please describe here what kind of event you would be able/willing to organise in this phase. Make sure to include a (draft) timetable of planned activity, target group and short description:

|  |
| --- |
|  |

What is the required budget?

|  |  |
| --- | --- |
| Description of cost | Required amount(in EUR) |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total:** |  |

# Part D - Quality of the project team and the cooperation arrangements

# PART D1 - Organisations and activities

*This part (D1 and D2) must be completed by the* ***all the promoters participating in the project****.*

|  |  |
| --- | --- |
| **Organisation name**  |  |

**D.1. Aims and activities of the organisation**

*Please provide a short presentation of your organisation (key activities, affiliations, size of the organisation, etc.) relating to the area covered by the project.* (limit 2000 characters\*)*.*

|  |
| --- |
|  |

*Please describe also the role of the applicant organisation in the project.* (limit 1000 characters)*.*

|  |
| --- |
|  |

\* For a matter of equal treatment, please respect the requested limits of max characters in **each session**.

**D.2. Operational capacity: Skills and expertise of key staff involved in the project / network**

*Please add lines as necessary.*

|  |  |
| --- | --- |
| **Names of staff members of the APPLICANT organisation** | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.* |
|  |  |
|  |  |