



APPLICATION FORM

Financial support < Euro 25.000 for activities provided by the Netherlands Embassies abroad

Embassy Rome / Consulate General Milan

(Italy)

Mission's internal activity number and/or activity number:

(Usually a code similar to <mission abbreviation>/<fund>/<year>/<number> or short description)

I Details Applicant	
Applicant gives full information as requested	
Does the Mission initiate the activity herself?	<input type="checkbox"/>
In case Embassies initiate the activity, please tick the box and only give the name of the policy officer under 'Name contactperson'. In this case, use Arvodi (invoices) if applicable.	
Full name requesting organization or person	
Name contactperson	
If organization, position of contactperson	
Address	
City, country	
Telephone / mobile number contact person	
E-mail address contact person	
Preference is given to maintain contact by e-mail. Do you agree that the above mentioned e-mail address will be used for official correspondence?	Choose an item.
Website organisation or person	
Did you/your organization previously receive financial support?	Choose an item.
If yes, which project partners (in case of Netherlands support, please state project numbers)	
II Activity	
Name activity (Choose for the name a meaningful and clear short name)	
Start date activity	
End date activity	
Information about the implementation of the activity / project: (in case of more dates and/or locations, please mention them all)	
Name of the event:	
When will the event(s) take place (date / time):	
Name location:	
Address:	
Postal code/city	
Webpage(s):	
Facebook:	

III Description activity

Please include a description of the whole activity and specify the roles of the participants from the Netherlands. Describe the target audience (general public, professionals/government etc.) and promotional activities

Contact details of Dutch partner / participant / artist / group (in case of more Dutch partners, please mention them all)

Name | Address | Contact person
Telephone number/e-mail address contact person
Website and/or Facebook page Dutch partner

IV Intended result

Please give a description of the intended result of the activity, what is the aim of the project

V Short description of the applying organization

Please give a short description (or link to the website) of the local organization

VI Activity related risks and mitigating actions

Please describe what the organization would do in case of financial and/or practical risks.

1. What is the nature of the risk?
2. What are the effects on implementation of the activity?
3. What is the level of risk (high/medium/low) to the activity?
4. What is the likelihood (high/medium/low) that the risk will materialize during implementation?
5. What mitigating measures will the organization take (if the level of risk is medium or high)?
6. If the risk cannot be mitigated, what action does the organization plan to take if the risk materializes?
7. What additional measures are necessary if the organization's mitigating measures or planned action is inadequate?
8. Are the risks acceptable? Explain why.

VII Budget

Enclose to the application a specified and transparent project budget, including an estimate of the expenses and revenues, which items you expect to be borne by the side of this embassy, what is the contribution of your organization and what will be funded, or expected to be funded by third parties and sign this budget.

Total budget:
Own participation:
Other paying participants:
Requested Netherlands support:
Expected income and expenses:

XIII Irregularities

Any suspects or discoveries of irregularities (such as fraud, a violation of contract award procedures, serious misconduct (including sexual misconduct) or other serious forms of inappropriate behavior) relating to the implementation of the activity, must immediately be brought forward to the Embassy including the amount of money involved and measures taken.

IX Function, place, date, signature applicant

Applicant states place, date and signs the form. Please note that by signing this form, you confirm that all information at all sections of the application form is correct.

Place	
Date	Click or tap to enter a date.
Signature	Please note that by signing this form, you confirm that all information at all pages above is correct.