

I. DRAFT

1.1. APPLICANT

E-mail address:	Enter a valid e-mail address to which you have access. Please note that all official notifications will be sent to this address.
Name of the project coordinator: Enter the name of the main con person responsible for the project.	
Phone number:	Enter a valid phone number (incl. the international prefix, e.g., +48 or +421) where you can be reached.
Official website/Social media site:	Enter the full link (URL) of your organization's official website or its active social media page.

1.2. BASIC PLAN OF THE MOBILITY:

Applying organization:	The organization's official name.	
Partner organization(s) and their roles:	List the organization(s) in the other countries	
Partiler organization(s) and their roles:	with which you will partner in this project	
	and explain their roles in the project.	
	Select max. two thematic areas that describe	
Thematic area:	your project's content.	
	 Sustainability and resilience 	
	 Heritage and remembrance 	
	 Health and active lifestyle 	
	 Arts and culture 	
	 Democratic values and civic virtues 	
	 Practical competences and 	
	entrepreneurship	
Project content (topics, roles, people):	List all concrete outputs (excursions, debates,	
r roject content (topies, roles, people).	competitions, workshops, lectures), explain	
	what you plan to do, and specify the number of	
	people involved from each side (specify the	
	participants' age and citizenship).	
Mobility locations	List all places (city, country) where you	
Mobility locations:	and your project partners plan to meet.	
Durais at atoms	Enter the start of the project, incl. the	
Project start:	preparatory period. Note that the project	
	must start 5 months after the deadline at the	
	latest.	
D	Note that the project cannot last longer than 7	
Project end:	months.	



IL APPLICANT

Formal grant applicant:	Name the institution that would formally sign
	the grant contract/officially receive the funding
	(the grant recipient). Note that some public
	schools may be represented by their founder,
	e.g., the municipality or regional government.
	Official English name of the potential grant
Formal grant applicant (official English	recipient.
name):	·
Registration number of the formal	Enter any valid official identifier (tax number,
applicant (e.g., IČ, REGON):	registration number, etc.).
Statutowy vanuagentative of the formal	Enter the name(s) of person(s) who could sign
Statutory representative of the formal	the potential grant contract.
applicant:	The full name of the representative legally
Statuta w v na na santativa.	The full name of the representative legally
Statutory representative:	responsible for the organization (e.g. director, chairman).
	Fill out only if the institution that actually
End beneficiary/implementing	implements the project (e.g., school) differs
organization:	from the formal grant applicant.
	Fill out only if the institution that actually
End beneficiary/implementing	implements the project (e.g., school) differs
organization (English name):	from the formal grant applicant.
Contact e-mail:	Insert the statutory representative's contact e-
Contact e-man.	mail (e.g., secretariat).
Registered seat/address:	mun (e.g., secreturiat).
Street, House No.:	
City:	
Country:	Czechia/Hungary/Poland/Slovakia/
Country.	Ukraine
Mailing/postal address:) OKI WITE
Street, House No.:	Fill out only if it differs from the official
Su cet, House No	seat.
City:	Fill out only if it differs from the official
Gity.	seat.
Postal code:	Fill out only if it differs from the official
i ustai tuue.	seat.
	SEUL.



III. PARTNERS

3.1. BILATERAL OR MULTILATERAL MOBILITY

Select this box only if you plan to involve partner organizations from two different countries.

Multilateral mobility (applicant + min. two partners):

3.2. PARTNER No. 1

Organization registration number (statistical or tax):	E.g. official registration number or tax ID number, IČO, DIČ, NIP, REGON, KRS, adószám, cégjegyzékszám, etc.	
Organization name (original):	Enter full name incl. the organizational unit (if applicable).	
Organization name (English):	Official English translation.	
Statutory representative:	Enter the full name of the organization' statutory representative.	
Role of the partner:	Explain what concretely the partner organization will do during the project.	
Street, House No.:		
City:		
Country:	Austria/Czechia/Germany/Hungary/Poland/ Slovakia/Ukraine	
Postal code:		
E-mail:		
Phone:		
Website:		

IV. MOBILITY

1. Mobility no. 1.		
		01/07/2025-08/07/2025
Title:		Short title of the visit
Type of event:		<u>Private</u> (e.g., rehearsals with no audience)/ <u>Public</u> (e.g., concerts/exhibitions with audience)
City/Country:		
Description:		Give basic details about the visit and the program.
Target Groups:	State the number of children/students/youth + accompanying adults that will personally participate in this event/activity within the mobility. Specify the selection procedure of participants.	

You can add the mobility/event using this button:

Add +

2. Mobility no. 2.		
	10/09/2025-17/09/2025	
Title:	Short title of the visit	
Type of event:	<u>Private</u> (e.g., rehearsals with no audience)/ <u>Public</u> (e.g., concerts/exhibitions with audience)	
City/Country:		
Description:	Give basic details about the visit and the program.	
Target Groups:	State the number of children/students/youth + accompanying adults that will personally participate in this event/activity within the mobility. Specify the selection procedure of participants.	

Project days together: Number of participants: Budget per person/day (€):	The budget is calculated AUTOMATICALLY by the number of people directly involved in each event/visit and the number of days spent together.	1 0 50
Total (€):		0

OTHER INCOMES

Other financial or non-financial (in-kind) contributions to the project budget (not compulsory).

Contribution type	Source	Sum in (€)

Visegrad Fund

List all confirmed or expected financial or non-financial contributions to the project budget other than this grant (IF ANY) and specify each income.

