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| **APPLICATION FORM** |

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| PROGRAMME PUBLIC HEALTH INITIATIVES  **FUNDS FOR BILATERAL RELATIONS**  **AREA FOR BILATERAL RELATIONS:**  To promote cooperation and strengthen bilateral relations between entities, in order to reduce social and economic disparities involved in the access to healthcare, with a focus on:   * Reduction of inequalities in nutrition; * Improvement of mental health facilities; * Improvement in prevention and treatment of the communicable diseases; * Improvement national health registries, health information and data management and use.   **OBJECT:**  Proposals must privilege the strengthening of bilateral relations with the Donor States (Iceland, Liechtenstein and Norway) during the project implementation, through the dissemination of results (for those projects that have ended the 30th April 2016), networking and exchanges of experiences, transfer of knowledge and best practices between project promoters and entities of the Donor States and also for the dissemination of results for those projects that have yet to conclude their implementation period. |

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| **I - IDENTIFICATION** | | | | |
| Object of the proposal |  | | | |
| Candidate (entity) |  | | | |
| NIF |  | | | |
| Contact person (must be the Project Promoter) |  | | | |
| Function of the main contact |  | | | |
| Address |  | | | |
| Phone |  | Fax | |  |
| E-mail |  | | | |
| Execution Period | From: | | To: | |
| Total amount proposed  to be granted |  | | | |

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| **II – DESCRIPTION AND RATIONALE (2000 characters)** | |
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| a. In what ways does the application meet the strengthening of bilateral relations? | b. In what extent does the application provide the reduction of social and economic disparities in the access to healthcare system? |
| I.  II.  III. | I.  II.  III. |
| c. Does the project offer a specific contribution for maintaining bilateral relations after its conclusion? | d. Did the candidate cooperate with other entities from donor countries or other beneficiary states in the past? |
| I.  II.  III. | * Yes   *With what entities?*  I.  II.  III.   * No |

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| **III – TIMELINE** | | | | | | | | | |
| ELEGIBLE EXPENDITURES  (by trimester) | **2016** | | | | **2017** | | | | **Total** |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
| 1. fees and travel costs for participation in conferences, seminars, courses, meetings and workshops |  |  |  |  |  |  |  |  |  |
| 1. travel costs for study trips |  |  |  |  |  |  |  |  |  |
| 1. travel and salary costs for visits by experts |  |  |  |  |  |  |  |  |  |
| 1. costs of conferences, seminars, courses, meetings and workshops |  |  |  |  |  |  |  |  |  |

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| **IV – BUDGET** | | | |
| ELEGIBLE EXPENDITURES | **2016** | **2017** | **TOTAL** |
| 1. fees and travel costs for participation in conferences, seminars, courses, meetings and workshops |  |  |  |
| 1. travel costs for study trips |  |  |  |
| 1. travel and salary costs for visits by experts |  |  |  |
| 1. costs of conferences, seminars, courses, meetings and workshops |  |  |  |
| **TOTAL** |  |  |  |

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| **V – ADITIONAL INFORMATIONS** |
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**Annexes to be sent with the application form:**

* Document stating the full compliance with the Portuguese Social Security requirements;
* Document stating the full compliance with Tax requirements;
* Document stating the Value Added Tax (VAT) applicable to the applicant;
* Declaration from the applicant that the co-financing of proposed activities to be granted is ensured.