

ECPGR Activity Grant Scheme Proposal Form

Third Call

Activity	Proposal
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Activity	
Full title	
Acronym (or short title)	
Duration of Activity (in months)	
Starting date	

Applying Working Group(s)

Working Group	Indicate name and surname of Working Group Chair		
1.			
2.			
3.			
4.			

Activity Coordinator

Activity Coordinator				
Name and Surname				
Nationality				
Current position				
Institute				
Country				
Telephone				
Email				





Activity Partners

Please note that each partner needs to be a member of a Working Group's Pool of Experts to be eligible.

A maximum of 12 funded partners can be listed. For self-funded partners please use the separate box below.

Partner ID No.	Name and Surname	Institute	Country
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Self-funded partners

Partner No.	Name and Surname	Institute	Country
1	Natasa Ferant		Slovenia
2			
3			
4			
5			
6			





Description of Activity

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- . #Čeæ\\ * \[` \} aHExplain the context behind the choice of this Activity, e.g. why this has been prioritized or selected. If this is the continuation of a preceding Activity, please indicate how and why the new Activity will build on previous results/experiences##
- . Æ Œ progress towards achieving the ECPGR objectives
- . $AT^cQ^a[[x^A,A']/ACF]$![$ACQ^a[x]$ | $ACQ^a[x]$ | A
- . $AO(1)^{8}$ & $AO(1)^{8}$ & $AO(1)^{8}$ & $AO(1)^{1}$ &
- . Æð \• Á æ Æ c@ l Á [} EDÔÚÕÜÁ ![LA & A l Á a æ æ ` æ : If applicable, explain the objectives of the linked projects and the reasons for complementarity with the ECPGR Activity.

Describe the Activity - (max. 1000 words):					





Expected products and related ECPGR Objectives

List concrete products and results that are obtained by the Activity and the corresponding number(s) of the ECPGR Outcome(s) and/or Output(s) and/or Activities to which each product/result will contribute.

	Expected products/results	Corresponding ECPGR outcome, output, activity
1		
2		
3		
4		

Workplan for the proposed period of the Activity

Brief description of meetings and/or main actions of the Activity.

	Type of Action (indicate if "meeting" or "other action")
1	
2	
3	
4	
5	

Additional remarks

Indicate any additional remark(s) that is/are important for the evaluation/implementation of the proposed Activity

Remarks:			

Please send the completed form together with the budget table to the Chair of the submitting Working Group for submission of the Activity proposal.

