**HORIZON EUROPE PROPOSAL APPLICATION FUND**

**APPLICATION FORM**

1. **INFORMATION ABOUT THE APPLICANT**

|  |  |
| --- | --- |
| Full name and address of university/institution/company/CSO and implementing faculty/department/unit: |  |
| Name and position of the legal representative(s) of the university/institution/company/CSO:  |  |
| Name and position of the project coordinator/contact person on behalf of the institution: |  |
| E-Mail (of coordinator): | Phone (of coordinator): |
| Mobile phone (of coordinator):  | Fax (of institution): |

1. **PROPOSAL CONTENT**

|  |  |
| --- | --- |
| Title of your the project proposal submitted to Horizon Europe |  |
| Horizon Europe Call ID (including link) |  |

1. **Project proposal you submitted to Horizon Europe (max ½ page):**

|  |
| --- |
| * *Provide a short summary of the project proposal submitted to Horizon Europe.*
* *Describe how the project is in line with Kosovo’s priorities in Research and Innovation component*
* *Provide a short summary of how the project was prepared*
 |
|  |

1. **Information about the Project Consortium**

2.1. Is your institution (please tick one of the boxes):

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Partner** | **[ ]**  | **Project Coordinator**  | **[ ]**  |

2.2. Describe the list of organisations which will participate in the project consortium

|  |
| --- |
|  ….. |

2.3. Indicate the contact details of the person that represents the consortium from Kosovan side

Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INFORMATION ABOUT THE ACTIVITES OF THE HORIZON EUROPE PROPOSAL APPLICATION**

|  |
| --- |
| * *Provide a short description of the concrete activities planned*
* *Provide short info of what results are aimed to be achieved for Kosovan context (max ½ page)*
 |
|  |

1. **INFORMATION ON THE BANK ACCOUNT DETAILS OF THE APPLICANT**
* *Provide the bank account details information where the requested grant will be disbursed*

|  |  |
| --- | --- |
| *Name of the Account Holder:*  |  |
| *Address of Account Holder:* |  |
| *Name of the Bank:*  |  |
| *Address of the Bank:*  |  |
| *Account Number:* |  |
| *IBAN:*  |  |
| *Bank or SWIFT Code:*  |  |

I, undersigned confirm that this grant will be used solely for reimbursement purposes with regard to the preparation of the Horizon Europe project proposal. Herewith, I represent the team composed of:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Add more lines if needed)

*With this signature I agree that the information about the grants awarded by the SHER Programme will be shared on SHER social media platforms (SHER website, Facebook, LinkedIn etc).*

………………………………………….

Full name, Signature and Date

Attachements:

* *Proof of application submission from the Horizon Europe portal;*
* *Evaluation Summary Report (ESR) received from the EC*
* *Short CV and copy of ID/Passport of the project coordinator/participant*