**Contact information of person mainly responsible**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **E-mail\*** | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |  |
| **Affiliation\*** | | | | | | |
|  | | | | | | |
|  | | |  |  | | |
| **Name of the other group members**  **Name\*** | | |  | **Last name\*** | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |
|  | | | | | | |
| **Name\*** | | |  | **Last name\*** | | |
|  | | |  |  | | |

\*Fields with an asterisk are required.

Please choose a main person responsible for your project. We need the complete contact details of this person. For the other participants only the name is sufficient.

**Please send us back the application form as a Pdf, to make sure that we cannot change your application.**

|  |
| --- |
| **Project title\*** |
|  |
|  |
| **Specific goal/Target group (max 1000 characters)\*** |
|  |
|  |
| **Time frame (max 2000 characters)\*** |
|  |

|  |
| --- |
| **Outline of your Project. How does your project promote the vision and the goals of LMG? (max 3000 characters) \*** |
|  |

|  |
| --- |
| **Finance plan (max 2000 characters) \*** |
|  |
|  |
| **Resources you will need (other than finances, max 1000 characters)\*** |
|  |