**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)\*** |
|  |