Grant – Application form for

municipalities, regions and combinations of these

|  |
| --- |
| 1. **Contact information**
 |
|       |  |       |
| Name |  | Organisation registration number  |
|       |
| Postal address |
|       |  |       |
| Telephone number including area code |  | Fax number |
|       |  |       |
| Email address |  | Contact person |
|  |  |  |
| 1. **Grant to which the application refers**
 |
|       |  |       |
| Name of grant (if applicable) |  | The Government Offices’ registration number (if applicable) |
|       |  |       |
| Ministry that approves the grant (if the applicant knows) |  | Amount (SEK) |
| 1. **Planned activities**
 |
|       |
| Purpose and objectives of the activities against which the results will be reported |
|       |
| Target groups |
|       |
| Planned activities |
|       |
| Provide details of your own contribution |
|       |
| The need for the planned activities |
|       |
| The period during which the activities will be carried out |
| There will be collaboration with the following companies, government agencies, organisations or institutions |
|  | In cooperation with | Describe the envisioned collaboration (max. 255 characters) |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  |
|       |
| Which activities will be carried out if only part of the grant applied for is awarded? |
| 1. **Funding of activities**
 |
| All amounts must be given in SEK. |
| Grant sought from the Government or the Government Offices via this application |       |
| Grants sought or received from other government agencies for implementation of the activities |
|  | Government agency | Amount requested | Amount received |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
|  | **Total:** |       |       |
| Grants for implementation of activities have also been sought or received from the following donors |
|  | Donor | Amount requested | Amount received |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
| - |       |       |       |
|  | **Total:** |       |       |
| Other revenue |
|  | Funding details | Amount received |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
| Own contribution |       |
|  |
|  |
| 1. **Activity budget**
 |
| All amounts must be given in SEK.**Revenue and own contribution** |
| Total |       |
| **Costs**Salaries and social insurance contributions |
|  | Function (e.g. project manager) | Amount |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
|  |
|  |  | Amount |
|  | Office costs |       |
|  | Travel costs |       |
|  | **Total:** |       |
|  |
|  | Other costs | Amount |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  | **Total:** |       |
|  |
| **Total costs** |       |
|  |
| 1. **Skills requirement regarding the activities covered by the grant application**
 |
|       |
| Describe the applicant’s prospects of carrying out the activities described. |
|       |
| Specify activities that have previously been conducted. |
|       |
| Other information to confirm the skills necessary to carry out the activities and achieve the specified goals. |
|  |
| 1. **Previous grants from the Government Offices or other agencies**
 |
|  |
|  | Donor | Registration number |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
|  |
| 1. **Payment of grant**
 |
|  |
|       |  |       |
| Name of the person authorised to requisition funds |  | Personal identity number |
|       |  |       |
| Email address |  | Telephone number including area code |
|       |  |       |
| BankGiro/PlusGiro |  | Alternative bank account number, including clearing number |
|       |  |       |
| Name of bank |  | Account holder |
|  |  |  |
|  |  |  |
| 1. **Reports**
 |
|  |
|       |
| Name of the person responsible for reporting |  |  |
|       |  |       |
| Email address |  | Telephone number including area code |
|       |
| Postal address |
|  |  |  |
| 1. **Other information in support of the specific grant**
 |
|       |
|  |
| 1. **Other matters**
 |
| **The following documents must be attached to the application*** Records or other documents that certify authorised representatives. If the document is not an original, it must be certified as a true copy.
* Other documents that can be presented to support the specific grant.

**Repayment obligation*** As specified in the general conditions for the grant, the recipient may be obliged to repay all or part of the grant.

**Changes to contact information*** The Government Offices must be notified if changes are made to the contact information provided in this application.
 |
|  |  |  |
| 1. **Signature of authorised representative**
 |
| * *The applicant understands that the donor and the administrative authority only process and save the personal data submitted for the purposes for which it was collected. The legal basis for the processing is public interest or the exercise of official authority. If you would like more information on how the Government Offices processes personal data,* [*read the Government Offices’ privacy policy*](https://www.government.se/about-the-website/the-governments-privacy-policy/)*.*
* *The applicant solemnly declares that the information provided is correct and assures that the grant will be used in accordance with this information.*
* *The applicant has read and accepted the Conditions for grants.*
 |
|       |  |  |
| Date |  | Signature |
|  |  |       |
|  |  | Name in block letters |