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| C:\Users\abaldan\Work folders\Documents\EJN\LOGO EJN\EJN_logo_Logo_v1.jpg | **Application form for Financial Assistance****For the Organisation of a EJN REGIONAL-National Meeting** |

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| Reserved for the EJN SecretariatApplication number:EJN/REG-NAT/2025/\_\_\_\_\_ |

**1. GENERAL INFORMATION ABOUT MEETING**

* 1. **Topic of the Meeting**
	2. **Name of Contact Point applying for the financial assistance**

|  |  |
| --- | --- |
| Title  |  |
| Surname |  |
| First name(s) |  |
| Position |  |
| Country |  |
| Telephone Nr. |  |
| Contact email |  |

* 1. **Meeting Venue**

Date

Place

Nr. Participants

* 1. **Other participants/ invitees (if applicable)**

Guest EU Member States/ 3rd countries/ other entity/ institution (e.g. EJN Secretariat, Eurojust. To note that the grant does not cover for the participation of EU Institutions and bodies such as the EJN Secretariat and Eurojust)

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* 1. **Please indicate the complete IBAN number of the Bank account to be used for reimbursement purposes**

|  |
| --- |
| **IBAN number** *(compulsory)* |

**1.6. Meeting description**

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**1.7. Draft Agenda**

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**2. APPLICATION DETAILS**

2.1. Is it a first time application? If not, please indicate if a previous funding received by your Member State. If so, please indicate number of funding received and *when* funding was received.

2.2. Please provide detail on services[[1]](#footnote-1) for the meeting.

2.3. Please provide with the following information on the competent authority (beneficiary)[[2]](#footnote-2).

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Institution |  |
| Department |  |
| Address |  |

**3. SUBMISSION OF APPLICATION**

**3.1. The application form must be duly signed. Please proceed as follows:**

* Print this form;
* Scan the signed form;
* Attach the signed application form to the e-mail you will send to Ejn\_grants@eurojust.europa.eu;
* Attach to this mail the budget estimate form duly completed;
* If this is the first application submitted, attach a completed financial identification form.

**3.2. Signature**

Name & Position

Place & Date

Signed

1. Costs should be indicated in the Budget estimate form [↑](#footnote-ref-1)
2. Person who signs the Grant Agreement, if the application is successful [↑](#footnote-ref-2)