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| logo_250 | **Application form for Financial Assistance****For the Organisation of a EJN Regional Meeting** |

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| Reserved for the EJN SecretariatApplication number: EJN/REG/2017/\_\_\_\_\_ |

**1. GENERAL INFORMATION ABOUT MEETING**

* 1. **Topic of the Meeting**

**1.2. Name of Contact Point applying for the financial assistance**

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

* 1. **Participating Member States**

EU Member States

|  |
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|  |
|  |
|  |

3rd Country

|  |
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**1.4. Meeting Venue**

Date

Place

Nr. Participants

**1.5. Meeting description**

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**1.6. 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. And if so, please indicate number of funding 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 and initialled. Please proceed as follows:**

* Print this form;
* Scan the signed form;
* Attach the signed application form to the email you will send to Ejn\_grants@eurojust.europa.eu;
* Attach to this mail the budget estimate form;
* 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)