Project summary

TYPE OF GRANT: COOPERATION PROJECTS

Please state the project details below.

	Project acronym and title *
۷	Write both project acronym and project title.
S	start date *
	Date (yyyy-mm-dd)
P	Projects can start between 1 August and 1 November 2024.
F	ind date *
	Date (yyyy-mm-dd)
	Ain 12 and max 24 months from the start date.
N	7III 12 and max 24 months from the start date.
N	Number of months *
N	Make sure this corresponds to the dates given above.
S	ium applied for in SEK *
	Make sure that the amount you enter here is the same as the total amount you give in enclosure 3, bu Write figures only.
þ	project summary *

Write a short project summary of max. 1000 characters (including spaces).

Summarise according to: challenge/opportunity, aim and expected results. Please note that we will use this summary for communication purposes if you are awarded funding.

Core countries included in the project *
Armenia
Azerbaijan
Estonia
Georgia
Latvia
Lithuania
Moldova
Poland
Ukraine
Make sure that this correspond to the countries your project partners are located in.
Additional countries included in the project
Denmark
Finland
Germany
Should you have additional countries in you partnership you can select them here.
Does your project use the special arrangement of Third Country Cooperation as described in the Instructions? Yes
○ No
For more information, please read section 2.1 in the Instructions document.
How many project partners are there (not including the main applicant)? *
Make sure this corresponds to the number of partners stated under the tab Project partners.
make sare and corresponds to the hamber of partners stated under the tab i roject partners.
Estimate the number of people participating in project activities *

Main applicant (Swedish)

TYPE OF GRANT: COOPERATION PROJECTS

Fill in organisation details and information about authorised signatory. The authorised signatory is authorised to represent the applicant organisation and is the person signing a potential agreement with the Swedish Institute. If your organisation requires two authorised signatories, fill in the information for the second person below.

Organisation details **Authorised signatory** As you are submitting this application on behalf of a By submitting the application, you confirm that the legal entity, please type here the details of the person stated below is authorised to represent the organisation you are representing. applicant organisation. Note that you will remain the contact person Fill with my details throughout the application process. Organisation name * Name * Position / title Organisation type * Registration nr * Email * Registration country Telephone Sweden Official email Official website * Official address Street address City, town, village Postal code

Authorised signatory 2 (if applicable): Name	
Authorised signatory 2 (if applicable): Position/title	
Authorised signatory 2 (if applicable): Email	
Authorised signatory 2 (if applicable): Telephone	

Project partners

TYPE OF GRANT: COOPERATION PROJECTS

Information about the project partners, not the main applicant.

Please note that a partnership must consist of at least three different countries, i.e. the main applicant based in Sweden and at least two core countries within or outside the EU (see more information about the country composition in the Instructions, section 5.1).

All project partners (including partners from additional countries) should be listed here.

1 Name of partner organisation *		
1 Organisation type *		
Business company		
Business and trade organisation		
County administrative board		
Government agency		
Higher education institution and research institute		
Intergovernmental organisation		
Municipality		
Non-governmental organisation, foundation		
Region		
1 Contact person: First and last name *		
1 Contact person: Position/title *		
1 Contact person: Email address *		
1 Country the project partner is located in *		
Please choose		
1 City the project partner is located in *		
1 Official website *		

Policy

TYPE OF GRANT: COOPERATION PROJECTS

This information corresponds to application enclosure 1. You have to select the same policies here as in question 2 in the application enclosure 1.

A/ EU Strategy for the Baltic Sea Region				
Please choose	•			
A/ The EU Eastern Partnership N/A				
EaP: Together for resilient, sustainable and integrated economies				
EaP: Together for accountable institutions, the rule of law and security				
EaP: Together towards environmental and climate resilience				
EaP: Together for a resilient digital transformation				
EaP: Together for resilient, fair and inclusive societies				
B/ Other N/A				
Other EU or international policy framework or strategy				
Target types Type of grant: cooperation projects				
This corresponds to application enclosure 2. Please choose the same target types as in question 3 term objectives, indicators and expected outputs) in application enclosure 2.	(Short			
You must choose at least two and no more than five different mandatory target types. In addition, add a maximum of two optional target types.	you can			
Mandatory target types (see enclosure 2, table 3.1) * Awareness raising				
Building knowledge, competences, skills				
Development of models and methodology				
Network and platform building				
Pilot implementation				
Stakeholder engagement				
Strategy and policy input				

Optional target types (see enclosure 2, table 3.2)				
	Funding overview			
	Idea and concept development			
	Needs analysis			
	Partnership enlargement			
	Prepared application			