# Partner Search Form

Please do not write more than two pages.

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| Identification of the applicant |
| Name of the organisation |  |
| Registered address (street, city, country) |  |
| Telephone / Fax |  |
| Website of the organisation |  |
| Name of the contact person |  |
| Email/Telephone of the contact person |  |
| Short overview of your organisation (key activities, experience) |  |
| Description of the project |
| Strand, Measure in the framework of “Europe for Citizens” Programme (e.g. European Remembrance; Civil Society Project; Town Twining)? | Town Twinning  |
| Timetable of the project |  |
| Short description of the project, including its aims |  |
| Role of the partner organisation in the project |  |
| Comments from the applicant |  |