**Proposal for a communication / awareness action within the framework of the ACCOBAMS Survey Initiative**

**A. THE APPLICANT**

1. **Identity**

|  |  |
| --- | --- |
| Full legal name |  |
| Acronym |  |
| Legal status |  |
| Official address |  |
| Contact person |  |
| Telephone number |  |
| E-mail address |  |

1. **Partners**

Will the action be implemented in collaboration with a partner Organisation?

**Yes  No**

If Yes, please indicate:

**- the identity of the partner:**

|  |  |
| --- | --- |
| Full legal name |  |
| Acronym |  |
| Legal status |  |
| Official address |  |
| Contact person |  |
| Telephone number |  |
| E-mail address |  |

**- the role of the partner:**

**B. THE PROPOSED ACTION**

1. **Description**
   1. **Background and objectives**
   2. **Description**
   3. **Duration and schedule**
   4. **Budget estimate**

Please indicate the amount and nature of the expenditures for each planned activity.

**C. DECLARATION OF THE APPLICANT**

I, the undersigned, as the person responsible in the applying organization, hereby certify that the information given in this file is true and correct.

Name:

Function:

Date and place:

Sign and seal: