



BRIDGES

*Building Resilience Inclusion and Development through
Governance and Entrepreneurship in Sport*

Erasmus+ Sport Project

ERASMUS+ PROJECT PROPOSAL

PARTNER INFORMATION FORM

Please complete all sections accurately and clearly. The information provided will be used exclusively for the preparation of the project application.

SECTION 1 – PARTNER ORGANIZATION IDENTIFICATION

Legal name of organization:

Short name / Acronym of organization:

Country:

PIC number (if available):

Department / Unit name:

Address (if different from legal address):

Country:

Same as proposing organization's address

SECTION 4 – MAIN CONTACT PERSON

First name:

Last name:

Position within the organization:

Department / Unit:

Same as proposing organization's name

Street:

Town and Postcode:

Same as proposing organization's address

SECTION 6 – PREVIOUS EU PROJECT EXPERIENCE

Please indicate whether your organization has previously implemented or participated in European Union funded projects that are similar or thematically related to the subject of the present project proposal.

Yes No

If yes, please provide brief details (programme, project title, reference number, period, role):

SECTION 7 – DECLARATION

By completing and submitting this form, the partner organization declares that:

- it agrees in principle to participate as a partner in the proposed Erasmus+ project;
- the information provided is accurate, complete and truthful;
- It meets the eligibility requirements of the Erasmus+ Programme.

Name and position of authorized representative:

Date and Signature
