EKHAGASTIFTELSEN

Dnr 2018 -

Box 34 012 100 26 Stockholm, Sweden

Application for grants

Contact person:	Managing body/person:
Teleph:	Organization nr/personnr:
E-mail:	
Co-applicants (contact information in project descrip	otion):
Project title	
Translation of project title to Swedish (optional)	
Summary description of the project (aim/purpose, in	nplementation, significance/importance, relevance)
Keywords	
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Time period	Salaries	Equipment/material	Travel	Other	Total
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Name of organiz	zation	/	Applied amount	Granted amount	Period (year-mont
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The applicant is aware of and approves that all information from the application and the project may be stored in a database. The applicant further approves that Ekhagastiftelsen may publish the applicants name and summary project description as well as project reports on the website of Ekhagastiftelsen on the internet.

Save the filled in application form (without signatures) and send it together with the project description and application data sheet by e-mail to Ekhagastiftelsen. Also send a printed and signed application form by regular mail to Ekhagastiftelsen.