## **EKHAGASTIFTELSEN**

Dnr 2021 -

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 description	on):
Project title	
Translation of project title to Swedish (optional)	
Summary description of the project (aim/purpose, imp	lementation, significance/importance, relevance)
Keywords	

Time period	Salaries	Equipment/materia	l Travel	Other	Total
			Total applied for	at Ekhagastiftelsei	n
ave applications	s been submitted i	n previous years?	If yes,	state reference nu	umber and if granted
Yes	Yes, but different p	oroject No			
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unds granted or	requested from o	ther organizations			
Name of organiz			Applied amount	Granted amount	Period (year-month
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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 <a href="mailto:summary">summary</a> 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.