1. Name of organization:

|  |
| --- |
|  |

1. Organization contact address:

|  |
| --- |
|  |

1. Country:

|  |
| --- |
| Estonia |

1. Name of contact person:

|  |
| --- |
|  |

1. Languages spoken:

|  |
| --- |
|  |

1. Telephone:

|  |
| --- |
|  |

1. E-mail:

|  |
| --- |
|  |

1. Describe your organization:

|  |
| --- |
|  |

1. Describe your group:

|  |
| --- |
|  |

1. What kind of action do you want to implement?: \*

☐ International Youth Exchanges

☐ International Youth Initiatives

☐ European Voluntary Service

☐ Mobility of youth workers (trainings, study visits, seminars etc)

☐ Strategic Partnerships

☐ Capacity Building Projects

☐ Support for Policy Reforms

1. What kind of project do you want to do (theme, activities)?:

|  |
| --- |
|  |

1. Partner country(ies) of preference (if any):

|  |
| --- |
|  |

1. Do you already have other partners?:

|  |
| --- |
|  |

1. Do you want to send or host the activity?:

|  |
| --- |
|  |

1. When do you want to implement the project?:

|  |
| --- |
|  |

1. Working language(s) of the project:

|  |
| --- |
|  |

1. Do you want to add something?:

|  |
| --- |
|  |