



FORM A - COMMON APPLICATION FORM

I. ADMINISTRATIVE DETAILS AND PROJECT SUMMARY

Acronym/short name	
Proposal full name	
Project Coordinator	
E-mail	
Address	Phone
Region/Country	Fax
Organization <i>(Name of the organization coordinating the project)</i>	
Total project cost <i>(Dkr)</i>	Requested funding <i>(Dkr)</i>
Planned starting date	
Core theme area(s) (CT 1-6) - Please select relevant core theme(s) with a "X"	
CT1: Exploration	
CT2: Mining	
CT3: Mineral processing	
CT4: Metallurgy	
CT5: Mine closure and rehabilitation	
CT6: Social sustainable, acceptable and attractive mining industry and regions	

Publishable summary (mandatory)

Key words <i>(max. 5)</i>
Description <i>(please describe briefly the background, objectives, methodology, work planning, stakeholder involvement and expected impact of results of the suggested collaborative project; max. 2000 characters)</i>
Publication consent: <i>In case of recommendation for funding, I hereby authorize the NordMin management to publish the information provided in the Summary.</i>

General information on the Coordinator and the partners involved

Partner no.	Contact person	Applicant organization	Country
1 - Coordinator			
2			
3			
4			
5			
6			

Applicant/Coordinator - Partner 1

Organization	
Organization type (<i>UNI/PRC/PUR/SME/IND/CO/Other</i>)	
Organization address	
Head of organization	
E-mail	
Website	Country

Partner 1 - Lead researcher

Family name		
First name(s)		
Female	Male	Title
Department of the organization		
Position held in the organization		
Phone	Fax	
E-mail		
Website		
Key personnel (<i>list</i>)		

Partner 2

Organization name (<i>acronym/full name in English and in original language</i>)	
Organization type (<i>UNI/PRC/PUR/SME/IND/CO/Other</i>)	
Organization address	
Head of institution	
E-mail	
Website	Country

Partner 2 - Principal investigator

Family name		
First name(s)		
Female	Male	Title
Department of the organization		
Position held in the organization		
Phone	Fax	
E-mail		
Website		
Key personnel (<i>list</i>)		

Partner 3

Organization name (<i>acronym/full name in English and in original language</i>)	
Organization type (<i>UNI/PRC/PUR/SME/IND/CO/Other</i>)	
Organization address	
Head of institution	
E-mail	
Website	Country

Partner 3 - Principal investigator

Family name		
First name(s)		
Female	Male	Title
Department of the organization		
Position held in the organization		
Phone	Fax	
E-mail		
Website		
Key personnel (<i>list</i>)		

Partner 4

Organization name (<i>acronym/full name in English and in original language</i>)	
Organization type (<i>UNI/PRC/PUR/SME/IND/CO/Other</i>)	
Organization address	
Head of institution	
E-mail	
Website	Country

Partner 4 - Principal investigator

Family name		
First name(s)		
Female	Male	Title
Department of the organization		
Position held in the organization		
Phone	Fax	
E-mail		
Website		
Key personnel (<i>list</i>)		

Partner 5

Organization name (<i>acronym/full name in English and in original language</i>)	
Organization type (<i>UNI/PRC/PUR/SME/IND/CO/Other</i>)	
Organization address	
Head of institution	
E-mail	
Website	Country

Partner 5 - Principal investigator

Family name		
First name(s)		
Female	Male	Title
Department of the organization		
Position held in the organization		
Phone	Fax	
E-mail		
Website		
Key personnel (<i>list</i>)		

Partner 6

Organization name (<i>acronym/full name in English and in original language</i>)	
Organization type (<i>UNI/PRC/PUR/SME/IND/CO/Other</i>)	
Organization address	
Head of institution	
E-mail	
Website	Country

Partner 6 - Principal investigator

Family name		
First name(s)		
Female	Male	Title
Department of the organization		
Position held in the organization		
Phone	Fax	
E-mail		
Website		
Key personnel (<i>list</i>)		

Please make a copy of the table if there are more than six applicants and send in as annex.

II. GENERAL BUDGET INFORMATION

Total Costs per partner and requested funding budget (*in Dkr*)

Partner no.	A - Total costs/expenses	B - Requested funding budget	C - Own funding	Funding rate
1 - Lead partner				%
2				%
3				%
4				%
5				%
6				%
TOTAL				%

Total Cost breakdown per Project year (*in Dkr*)

Partner no.	Cost Year 1 (Months 4-12)	Cost Year 2 (Months 13-24)	Cost Year 3 (Months 25-33)	Total Cost	Requested funding
1 - Lead partner					
2					
3					
4					
5					
6					
TOTAL					

III. DETAILED WORK DESCRIPTION

Deliverables

WP no.	No.	Title	Due month
1			
2			
3			
4			
5			
6			

Milestones

WP no.	No.	Title	Due month
1			
2			
3			
4			
5			
6			

IV. FINANCIAL PLAN OF THE PROJECT

Please breakdown and justify the costs by filling in the following table

Partner	Eligible costs (<i>in Dkr</i>)		Justification
Partner 1	Personnel		
	Travel		
	Consumables		
	Equipment		
	Subcontracting		
	Other		
	Overheads		
Partner 2	Personnel		
	Travel		
	Consumables		
	Equipment		
	Subcontracting		
	Other		
	Overheads		
Partner 3	Personnel		
	Travel		
	Consumables		
	Equipment		
	Subcontracting		
	Other		
	Overheads		

Partner	Eligible costs (in Dkr)		Justification
Partner 4	Personnel		
	Travel		
	Consumables		
	Equipment		
	Subcontracting		
	Other		
	Overheads		
Partner 5	Personnel		
	Travel		
	Consumables		
	Equipment		
	Subcontracting		
	Other		
	Overheads		
Partner 6	Personnel		
	Travel		
	Consumables		
	Equipment		
	Subcontracting		
	Other		
	Overheads		

To complete the application do not forget to fill in FORM B Project description, FORM C Statement of Commitment and FORM D Declaration of own funding. All forms have to be attached when you are submitting your project proposal.