

Ref. no. (completed by COWIfonden)

## APPLICATION FORM

Institution / Organization / Company / Person
Postal address (street name, PO box, city, country)
Amount applied for
Total project budget
Other source of financing if any (write "none" if no other financing)
Project time line (from MM/YY – to MM/YY)

I give consent to COWIfonden's handling of the personal data presented in the application form and the personal data otherwise apparent in the application in accordance with the conditions in COWIfonden's privacy notice.

Please describe the objective(s) and the expected result of the project (max. 400 words)