*Please complete this application form and name it using the following template: Boursestransfrontalieres\_Jun19\_Project acronym. The application and any supporting documents must be submitted via the following email address: international@isite-ulne.fr by June 13, 2019 at 10.00 am, GMT +1.*

**General information about the project**

|  |  |
| --- | --- |
| Title of the mobility project | [ ]  |
| Acronym | [ ]  |
| Principal applicant | [Last name] | [First Name] |
| Position | [ ]  Teacher/Researcher [ ]  Teacher[ ]  Admin personnel [ ]  Researcher |
| Administrative status | [ ]  Permanent [ ]  Contract employee: end month and year of contract: [Date] Corps: [\_\_\_\_\_\_\_]Job title: [\_\_\_\_\_\_\_\_\_\_\_] |
| Contact information | [Phone] | [Email] |
| *Faculty, school, UFR* (Academic projects) or Laboratory (research projects) or *Direction* and *service (Administrative staff)* | [ ]  |
| Employer (*University/ Grande Ecole/ Research Organism*) | [ ]  |

**Partner information**

|  |  |
| --- | --- |
| Partner institution #1 |  [ ]  |
| Contact person at the partner institution  | [Last Name] | [First Name] |
| Position | [ ]  |
| Faculty, school, department *or* Laboratory, research unit, institute*or* Service  | [ ]  |
| Contact information | [Phone] | [Email] |
|  |  |
| Partner institution #2 *(if applicable)* |  [ ]  |
| Contact person at the partner institution  | [Last Name] | [First Name] |
| Position | [ ]  |
| Faculty, school, department *or* Laboratory, research unit, institute*or* Service  | [ ]  |
| Contact information | [Phone] | [Email] |

**Project description**

|  |  |
| --- | --- |
| Summary of the project*What is the purpose of the project of mobility?**How will the project strengthen cooperation with the partner institution?**Is there any previous cooperation with this/these partner(s)?**What are the expected results? Are future actions planned for after the mobility?* | [*2000 characters (including spaces)*] |
| Type of mobility *(one choice only)* | [ ]  Research [ ]  Academic programmes [ ]  Develop a European project [ ]  Organization of an event [ ]  Exchange of good practices  |
| Date(s) of the mobility | [ ] |
| Will students or other colleagues be participating in this mobility project?  | [ ]  Yes[ ]  No |
| If yes, list the following information for each: Last name, first name, phone, email, position and home institution/university |  [ ]  |
| Head of the relevant school, UFR, faculty, laboratory or administrative service for the principal applicant | [Last Name, first name] | [School/UFR/Faculty/Laboratory /Service] |
| [Date] | [Signature and Stamp] |

**Requested budget**

For each person participating in the mobility, please copy/paste the following table:

|  |  |
| --- | --- |
| Name and last name |   |
| Destination | From:  | To:  |
| Dates of mobility |   |
|  |
| Housing costs |  € |
| Meal costs |  € |
| Transportation |  € |
| Total amount |  € |
|  |
| Comments |  |

|  |
| --- |
| Ancillary costs[[1]](#footnote-1) |
| *Please specify your request*  |    |

*A maximum of € 3,000 per project may be requested.*

|  |
| --- |
| **General** **budget** |
| Housing costs |  € |
| Meal costs |  € |
| Transportation |  € |
| Ancillary costs |  € |
| Total amount |  € |
| External funding |  € |
| Total budget requested |  € |

## Timeline

Deadline: 2019/06/13 (10.00 am, GMT +1)

Announcement of results: End of June

1. The funding may not be used for purchases of equipment or consumables, publications, cost for external consultancy and/or translation and interpretation cost. The grants do not cover travel insurance. [↑](#footnote-ref-1)