



ROYAL NORWEGIAN MINISTRY
OF HEALTH AND CARE SERVICES

APPLICATION FOR FUNDING FOR NORWEGIAN-RUSSIAN
COLLABORATION PROJECTS IN HEALTH AND RELATED SOCIAL ISSUES

APPLICANT INFO

Organisation: Org.no:

Address:

Name of project manager and position:

E-mail: Phone:

PROJECT PARTNER IN RUSSIA:

Organisation:

Address:

Organisation: Govt. Private NGO Other, please describe:

Contact person:

E-mail: Phone:

Please insert B-number (project number) if this is an ongoing project:

Project title:

Geographic area:

Arkhangelsk Karelia Nenets Moscow Leningrad Oblast
 Murmansk Komi St. Petersburg Kaliningrad

Prioritised areas:

Prevention and control of non-communicable diseases including the reduction of lifestyle-related risk factors, environmental factors and new health threats

Prevention and control of communicable diseases

Strengthen health systems and social services that have an impact on health

Continuation of ongoing project : Yes No Is this: Year 1 Year 2 Year 3

Other:

STATUS REPORT (To be completed if this is a continuation).

Please provide a brief update on the implementation of activities and achieved results. Max. 300 words:

Anticipated results. Max. 200 words:

PROJECT DESCRIPTION

Information about the target group, sustainability and measures. Max. 200 words.

Start date: End date:

Describe the added value for both Norwegian and Russian partners. Max. 200 words.

Implementation plan - milestones and activities. Max. 200 words:

Risk factors and conditions (incl. corruption). Max. 200 words:

FUNDING:

Total sum applied for from the Ministry of Health and Care Services (NOK): Own funding Norwegian: Own funding Russian:

Other financial sources in addition to the Ministry of Health and Care Services, where a funding application has been sent. Please state the amount. Max. 150 words:

BUDGET:

ACTIVITY	Specify (mandatory)	Total budget	Grants from HOD	Russian funding	Own funding other
Wages and other funds for social purposes					
Project-administration					
Courses/seminars					
Translation/printing/publication					
Travel expenses/transport costs					
Purchase/rent of equipment					
Other expenses					
TOTAL					

The cooperation agreement has been signed and attached with the application form

I confirm that the information provided in this application form is correct.

Applications sent without a cooperation agreement will not be processed.