|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Applicant (Contact info and personal records)** | | | | |
| **Name:** |  | | | |
| **Title:** |  | | | |
| **Address, Employment:** |  | | | |
| **Telephone:** |  | | **Mobil:** |  |
| **E-mail:** |  | | | |
|  | | | | |
| 1. **Venue: Name of the Organiser and Title of the Event** | | | | |
| **Name and title:** |  | | | |
| **Address, Employment:** |  | | | |
| **Title of the venue:** |  | | | |
| **Date of the venue:** |  | | | |
|  | | | | |
| 1. **Summary of the Budget in SEK** | | | | |
| **Total budget for the event** | |  | | |
| **Already obtained from other foundations** | | (Write here the name of the foundations and the obtained amount) | | |
| **Requested from other foundations but not obtained yet** | | (Write here the name of the foundations and the amount planned to be obtained) | | |
| **Subsidies requested from the AG-foundation** | | (Write here the requested amount in SEK) | | |
|  | | | | |
| 1. **Purpose and goal to achieve with this event (Summary)** | | | | |
| (Write here shortly the purpose and goals, no more than a few lines.  A detailed programme and budget plan will be attached to this application.) | | | | |

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| 1. **Appendices to attach to this application (**mandatory**)** | | | | | |
| * 1. Detailed Programme (max 2 pages in A4-format)   2. Detailed budget plan | | | | * 1. Detailed curriculum vitae of the applicant   2. Complete publication list of the applicant | |
|  | | | | | |
| 1. **Information for transfer of the grant**   **NB!** the grant can be used during one year after the transfer date.  After this period, the applicant will send a scientific and financial report. | | | | | |
| **name of the recipient** |  | | | | |
| **institution or equivalent** |  | | | | |
| **department** |  | | | | |
| **cost centre number** |  | | | | |
| **post giro / bank giro** |  | | | | |
|  | | | | | |
| **Post address, applications to be sent to:** | | | | Completed applications are to be sent :   * in word or pdF * via e-mail * no later than three months prior to the event start.   Incomplete applications will not be taken into account. | |
| [secretariat@agfond.se](mailto:secretariat@agfond.se) | | | |
| Contact for more information:  Tel: 031-308 6700,  Monday - Thursday 08.00-12.00 | | | |
|  | | | | | |
| 1. **Signature** | | | | | |
|  | |  |  | |  |
| place and date | |  | Signature of the applicant | |  |
|  | | | | | |