**Application: Additional Grant**

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| **1 Basic Information** |
| **Project information** |
| DUF project case number | *IP-x-xxxx-xxxx*  |
| Applying DUF member organisation(s) |  |
| Name of Danish project group |  |
| Partner organisation(s) |  |
| Date |  |
| Amount applied for |  |
| Amount of original grant from DUF |  |

**2 Justification for applying**

**2.1 Justification for applying**

**2.2 The additional grant is to cover the following expenses**

**2.3 How do you intend to take precautions in the future to avoid similar situations?**

**2.4 Classification of expenses**

If the additional grant is approved, the expenses will be classified under the following accounts, please also confer with the attached budget:

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| --- | --- |
|  | **Amount in DKK:** |
| Project support |  |
| Audit |  |
| Administration in Denmark |  |
| **Total** |  |

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| --- |
| **3 Contact information** |
| **The Danish applicant organisation*** Organisation’s name
* Address
* Telephone
* Email address
* Website, if any
 |  |
| **Contact person*** Name of contact person
* Contact person’s address (if different from the organisation’s home address)
* Contact person’s email
* Contact person’s telephone no.
 |  |
| **Partner organisation** * Organisation’s name
* Address
* Country
* Email address
* Telephone no.
* Website, if any
* Name of contact person
 |  |

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| **4 Signature** |
| I hereby confirm that my organisation fully supports this partnership and this project application, that we have knowledge about the DUF guidelines as well as the financial guidelines and that we are prepared to take on all obligations that an approval of the application will put on us as an organisation. I furthermore confirm that I have the authority to take decisions and sign agreements on behalf of my organisation. |
| On behalf of the Danish member organisation |
|  |
| Date/Place |
|  |
| Name |
|  |
| Position in organisation |
|  |
| Signature |