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| 1. **Applicant (Contact info and personal records)**
 |
| **Name:** |  |
| **Title:** |  |
| **Address, Employment:** |  |
| **Telephone:** |  | **Mobil:** |  |
| **E-mail:** |  |
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| 1. **Summary of the Budget in SEK**
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| **Total budget for the Project**  |  |
| **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) |
| **Statements concerning other projects in which the applicant works as main or co-applicant**  | (Write here the requested amount in SEK) |
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| 1. **Purpose and goal to achieve with this event (Summary)**
 |
| (Write here shortly the purpose and goals, no more than a few lines.  |

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| 1. **Appendices to attach to this application (**mandatory; in Arial 12 pts**)**
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| * 1. Detailed budget plan for the applied project
	2. Detailed Research Program (max 5 A4-pages)
 | * 1. Detailed curriculum vitae of the applicant
	2. Complete publication list of the applicant
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| 1. **Information for transfer of the grant**

**NB!** the grant can be used during three years after the transfer date.After this period, the applicant will send a scientific and financial report within a delay of 3 months. |
| **name of the recipient** |  |
| **institution or equivalent** |  |
| **department** |  |
| **cost centre number** |  |
| **post giro / bank giro** |  |
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| **Post address, applications to be sent to:**  | Completed applications are to be sent :* preferably in pdf
* via e-mail
* no later than May 1.

Incomplete applications will not be taken into account. |
|  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  |  |
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