



PROJECT PROPOSAL FORM

PART 1 - ISSUER OF THE FORM

Name	<input type="text"/>
Last Name	<input type="text"/>
E-mail	<input type="text"/>
Phone number	<input type="text"/>
Country of residency	<input type="text"/>

PART 2 – TYPE OF ISSUER

I act as a

indicate your role in the following organization / company / institution

PART 3 – LEGAL SUBJECT

As legal representative of (fill the legal name of the subject you represent)

<input type="text"/>	
Short name (if needed)	<input type="text"/>
VAT code	<input type="text"/>
Address (street, number, ZIP code)	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
E-mail	<input type="text"/>
Website	<input type="text"/>



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PART 4 – REQUEST

To read more about the following fields, click on the URL:

<https://www.waaforagenda2030.org/actionplan/6-guidelines-for-the-implementation-of-pilot-projects>

FOCUS AREA

Indicate which Focus Area you are interested in, to propose the project

OBJECTIVE

Indicate which Objective you are choosing from the previous Focus Area

TARGET

Indicate which Target you are choosing from the previous Objective

CLUSTER

Indicate which Cluster you are choosing from the previous Focus Area

TITLE

Indicate the Title of your project

ABSTRACT *(a summary of the project)*

PART 6 - ATTACHMENTS

Optional documents that you think can be useful for the request to be processed (describe and attach):

PART 7 – SENDING AND PRIVACY AGREEMENT

Please fill all the fields of the above form, sign, scan and send it to campus@waaforagenda2030.org
Sending this form you agree that your data will be processed in order to analyse your request and get in touch with you for further steps.

I have read and agree to the privacy policy available at: <https://www.waaforagenda2030.org/privacy>

Date

Signature of authorised representative
