

GRANT APPLICATION FORM FOR BILATERAL INITIATIVE HEALTH PROGRAMME

Annex C – English Summary

DESCRIPTION OF THE INITIATIVE	
Initiative title	
Description of partner entities	Provide a short description of the applicant and the Donor State partner(s).
Description of the initiative	Provide a short description of the initiative (objective, purpose, activities, place, timing, participants and results). Describe the expected results of bilateral cooperation and how the proposed activities shall contribute to strengthening bilateral relations between the Czech Republic and the Donor State(s). (maximum number of characters: 2000)
Estimated budget (CZK)	Please enter the total amount of estimated costs in CZK.