|  |
| --- |
| **Act local, promote global!** |

|  |
| --- |
| **NAME OF LOCAL ACTION GROUP:** |
|  |

|  |
| --- |
| **LOCATION/CORRESPONDENCE ADDRESS:** |
|  |

|  |
| --- |
| **LEGAL REPRESENTATIVE (including contact details):** |
|  |

|  |
| --- |
| **CONTACT PERSON FOR THE PROJECT (including contact details):** |
|  |

|  |
| --- |
| **SHORT DESCRIPTION OF THE LAG AND ITS TERRITORY:** |
|  |

|  |
| --- |
| **EXPERIENCE IN THE IMPLEMENTATION OF SIMILAR PROJECTS:** |
|  |

|  |
| --- |
| **AVAILABILITY TO SUBMIT A PROJECT PROPOSAL TO YOUR NATIONAL AGENCY**  **BY THE END OF 2013:** |
|  |

|  |
| --- |
| **OTHER RELEVANT INFORMATION:** |
|  |