PROJECT SUMMARY - KEY ACTION 2

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| Contact name: |  |
| Organisation: |  |
| Telephone: |  |
| Email: |  |
| Website: |  |

1. **Project Overview**

Please tell us which field your project will cover:

Schools 🞏  
Vocational Education and Training 🞏  
Higher Education 🞏  
Adult Education 🞏

Cross-sectoral (many fields) 🞏

Please provide a short overview of your project aims and objectives

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1. **Your Rationale**

Please tell us why the project is needed, and justify why the activities should be carried out at European level (relevant European priorities addressed by your project).

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1. **Your Partnership**

Please tell us about your project partner(-s). How will they contribute to the achievement of the project´s aims? (background and expertise)

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1. **Your activities**

Please outline the activities you will undertake during the project - what do you plan to do?

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1. **Your Budget**

Please indicate which budget headings will apply for your project. *Read more about the different budget headings here on pages 102-107 in Erasmus+*

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| Project Management and Implementation |  | Learning/Teaching/Training Activities |  |
| Transnational Project Meetings |  | Special Needs |  |
| Intellectual Outputs |  | Exceptional Costs |  |
| Multiplier Events |  |  |  |

1. **Your Results**

Please describe the results of your projects including any intellectual outputs that will be produced

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1. **Your Questions**

Please list any additional questions you might have related to your planned Key Action 2 application. We will do our best to answer these during the advice session.

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Senda þarf útfyllt eyðublað á [erasmusplus@rannis.is](mailto:erasmusplus@rannis.is) merkt **“Tími með ráðgjafa.”** Vinsamlegast tilgreinið í tölvupósti hvort þið viljið fá ráðgjöf á skrifstofu Landskrifstofu í Borgartúni 30, 105 Reykjavík eða óskið eftir ráðgjöf í síma. Haft verður samband innan fárra daga till að staðfesta tíma og dagsetningu.