# Project contact form

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| **Date:**  |
| **Name of the school or organization:****Precised addressed:****Phone number:****OID (ex-code PIC) :****Name of the legal representative:****Name of the contact person:****Phone number:** **Email address:**[x]  ***I agree to the storage and archiving of the transmitted data in accordance with the regulations in force.*** |

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| **Synthetic description of the project** |
| **Context and issues:****Identified needs:****Activities planned:****Outcomes and expectations:** |

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| **Type of project** |
| **Programme, key action, fundings, etc.:** |

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| **Others** |
| **Duration:****European partner countries:****Any information you deem useful to communicate to us (means, partnerships…):** |

Form to send to liliane.garreau@ac-dijon.fr