

**EXPRESSION OF INTEREST
IN AN INSTITUTIONAL BUILDING PROJECT
TO BE FINANCIALLY SUPPORTED
BY THE SMALL STATES NETWORK FOR ECONOMIC DEVELOPMENT ***

1. Proposed Area/Sector of the project

2. Proposed Project Name

3. Potential Beneficiary State

4. Potential Beneficiary Institution
(a) Name of contact person
(b) Name of institution
(c) Address
(d) Tel and fax numbers
(e) Email address

5. Proposed approximate duration of project

6. Main objectives of project

7. Other comments (optional)

8. Details of applicant
Signature of person filling form: _____ Date: _____
Title, Name and surname: _____
Position: _____ Institution: _____
Tel: _____ Fax _____ Email: _____

* This is an outline application for a project intended for capacity building in the beneficiary state. If the SSNED is in agreement in principle with this outline request, the potential beneficiary state will be required to fill a more detailed Twinning Project Request Form available at <http://www.ssned.org/request-twinning-proj> . Further information about requests for twinning arrangements can be obtained from the Administrator of the SSNED, whose contact details are available at: <http://www.ssned.org/contact> .