

CONTACT INFORMATION

Name

Street Address

City

State

Zip Code

Organization Website

University, Department,
Institute

Phone Number

E-Mail
Address

Contact Person
(if different)

Title

Phone Number

E-Mail
Address

COOPERATION PARTNER(S)

University, Department,
Institute

Contact Person

E-mail Contact Person

PROJECT DESCRIPTION

**Project Overview incl.
Schedule**
(500 characters or less)

Objectives
(500 characters or less)

**Sustained Impact of
Proposed Project**
Planned Activities

UA Ruhr NY Contribution

BUDGET

Total Program Budget

Requested Amount

Percent of Total Budget

SIGNATURE

Signature

Date