

LOCAL ORGANISATION SUPPORT PROGRAMME – APPLICATION FORM	
<b>Name of the project:</b>	
<b>Local Municipality:</b>	
<b>Name of organisation:</b>	
<b>Address</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	
<b>Responsible person:</b>	
<b>Short description of the project:</b>	
<b>The manner in which the suggested project contributes to the local development and other desirable social aims:</b>	
<b>Overall budget of the project (including other donations and contributions):</b>	
<b>The amount of funding being sought:</b>	
<b>Comments:</b>	

**Date of application:** \_\_\_\_\_

**ELECTRAWINDS K- Wind D.O.O.**

Social Capital: RSD 149.410.000

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