

Detailed budget (The applicant organization is required to submit the budget form with items, as stated below and must be the same as in the project description. Please delete examples before filling the budget. Please note that expenditures related to staff involved in grant administration cannot exceed 30% of the grant contribution requested from SAIDC.

Unit number and name	Unit description (incl. technical specification)	Number of units	Price per unit	Slovak ODA budget (EUR)	Cost-sharing by beneficiary (EUR)	Other support (EUR)	Total amount (EUR)
<i>Basic first aid training</i>	<i>Training for 50 participants according to the official price of the Red Cross of Montenegro, price per participant</i>	<i>50 participants /certificates</i>	<i>35</i>	<i>1750</i>	<i>0</i>	<i>0</i>	<i>1750</i>
<i>Training for working with older people suffering from dementia</i>	<i>Training for 20 participants, price per participant</i>	<i>20 participants /certificates</i>	<i>50</i>	<i>1000</i>	<i>0</i>	<i>0</i>	<i>1000</i>
<i>8 presentations /lectures about health for older people</i>	<i>Price per expert/speaker</i>	<i>8 (means separate persons for each presentation)</i>	<i>250</i>	<i>2000</i>	<i>0</i>	<i>0</i>	<i>2000</i>
<i>Closing event and panel discussion on topics of health of older people and needs for improvement of knowledge and skills of medical staff and caregivers working in homes for older people</i>	<i>Price per participant (notepads, pens and folders, bags, refreshment)</i>	<i>30 participants</i>	<i>25</i>	<i>0</i>	<i>750</i>	<i>0</i>	<i>750</i>

Total amount (EUR)	-----	-----	-----	4.750,00	750,00	0	5.500,00
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On behalf of the applicant organization, I hereby confirm the assumption of obligations connected with the realization of the project and I declare that the information contained in this application is true, correct and complete.

City and date

Signature (and official stamp) of applicant