

# Network Renewal Request

Network Code

Name of Network

Countries involved

Name, Institute and Address of Network Coordinator and Co-coordinator

Scientific plan for the following 6 months

Financial plan for the following 6 months

List of Network Members (only persons listed here will be able to benefit from the network funds if assigned)

Country	Institute	Name of member

Should a grant be assigned, please indicate the name of the person and Institute that will receive and manage the funds for the Network

Signature of Network Coordinator

Date