



**Centre for IMT-GT Subregional Cooperation**

C/-International Cooperation Section  
Economic Planning Unit  
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**PROJECT PROFILE**

<b>1. Strategic Thrust (per IMT-GT Roadmap):</b>  Strengthen institutional arrangements and mechanisms for cooperation in IMT-GT region, including public-private sector collaboration, participation of stakeholders at the local level and mobilization of support from development partners
<b>2. Project Name:</b>  Intensify people-to-people contacts, such as IMT-GT sports activities, cultural and youth exchanges and interaction among academic and research institutions in the IMT-GT subregion
<b>3. Roadmap Project Reference Number:</b>  5.3.2
<b>4. Flagship Status</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5. Project Location (Country, Province, Town)</b>  Indonesia, Malaysia, and Thailand
<b>6. Participating Country(ies), Province(s), Town(s)</b>  Indonesia, Malaysia, and Thailand
<b>7. Sector/Subsector:</b>
<b>8. Working Group:</b>
<b>9. Background and Rationale (cite the development context of the project or the development gap being addressed by the project):</b>
<b>10. Objectives (Long-Term and Immediate):</b>  The project will strengthen coordination among key stakeholders of IMT-GT subregion.
<b>11. Scope (describe activities and geographical scope, if applicable)</b>

The program will promote activities that would enhance close coordination among stakeholders of IMT-GT subregion.		
<b>12. Estimated Cost and Financing Plan</b>		
<b>12a. Estimated Cost (US\$)</b>	<b>12b. Financing Plan (Public/Private)</b>	<b>12c. Financing Status (Source)</b>
<b>13. Implementation Period/Schedule:</b>		
<b>14. Executing/Implementation Agency/Entity and Contact Persons (designation, address, telephone, fax and e-mail)</b>  <b>Implementation:</b> Ministers' Meeting, Senior Officials' Meeting, All Working Groups, Concerned Agencies of IMT-GT countries  <b>Monitoring:</b> National Secretariats and Coordination Monitoring Center		
<b>15. Project Status (Proposed/Ongoing/Completed/Withdrawn):</b>		
<b>16. If proposed, status of project preparation as of (date):</b>		
<b>17. Follow-up Actions Required:</b>		
<b>18. Issues/Constraints:</b>		

Prepared by:	
Name	
Designation:	
Address:	

Tel No.	
Fax No.	
E-mail	
Date prepared	