



LIFE + Environment Policy and Governance

TECHNICAL APPLICATION FORMS

Part A – Administrative information

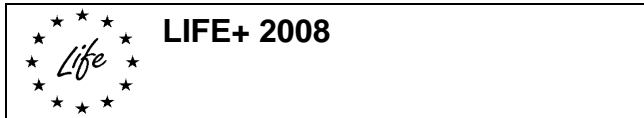
NOTES:

There are 5 sets of LIFE+ "Environment Policy and Governance" application forms: A, B and C (technical forms), F (financial forms) and output indicator forms. The financial forms and output indicator forms are in separate Excel files.

While filling in the technical forms A – C, please respect the standard A4 format.

Whenever several copies of one form 2008-XY needs to be produced, please use the following naming convention per page: 2008-XY/1; 2008-XY/2 etc.

LIFE+ Environment Policy and Governance 2008- A1



FOR ADMINISTRATION USE ONLY
LIFE+ 08 ENV/

PROJECT

Project title (max. 120 characters):

.....
.....

Project acronym (max. 25 characters):

.....

The project will be implemented in the following:

Country(ies)

.....

Administrative

region(s).....

Expected start date: Expected end date:

.....

BENEFICIARIES

Name of the coordinating beneficiary (1):

.....

Name of the associated beneficiary (2):

Name of the associated beneficiary (3):

.....

Name of the associated beneficiary (4):

.....

(Continue as necessary)

PROJECT BUDGET AND REQUESTED EC FUNDING

Total project budget: €

Total eligible project budget: €

EC financial contribution requested: € (= % of total eligible budget)

PROJECT POLICY AREA

You can only tick one of the following options:

- | | | |
|---|--|--|
| <input type="checkbox"/> Climate Change | <input type="checkbox"/> Urban environment | <input type="checkbox"/> Waste and natural resources |
| <input type="checkbox"/> Water | <input type="checkbox"/> Noise | <input type="checkbox"/> Forests |

Air

Chemicals

Innovation

Soil

Environment and Health

Strategic approaches

Coordinating Beneficiary Profile Information					
Short Name				Beneficiary n°	1
Legal information on the Coordinating Beneficiary					
Legal Name				Legal Status	
VAT No				Public body	
Legal Registration No				Private commercial	
Registration Date				Private non- commercial	
Legal address of the Coordinating Beneficiary					
Street Name and No				PO Box	
Post Code		Town/City			
Country Code		Country Name			
Coordinating Beneficiary contact person information					
Title		Function			
Surname			First Name		
E-mail address					
Department / Service					
Street Name and No				PO Box	
Post Code		Town/City			
Country					
Telephone No			Fax No		
Coordinating Beneficiary details					
Year					
Annual turnover		Annual Balance Sheet Total			
Number of employees					
Website					
Brief description of the Coordinating Beneficiary's activities and experience in the area of the proposal					



COORDINATING BENEFICIARY DECLARATION

The undersigned hereby certifies that:

1. The specific actions listed in this proposal do not and will not receive aid from the Structural Funds or other Community financial instruments. In the event that any such funding will be made available after the submission of the proposal or during the implementation of the project, my organisation will immediately inform the European Commission.
2. My organisation (*add name*) has not been served with bankruptcy orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 93.1 and 94 of Council Regulation 1605/2002 of 25/06/2002 (OJ L248 of 16/09/2002).
3. My organisation (which is legally registered in the European Union) will contribute (*add amount*) € to the project. My organisation will participate in the implementation of the following actions (*add action code(s)*):
. The estimated total cost of my organisation's part in the implementation of the project is (*add amount*) €.
4. Should one or more associated beneficiary or co-financier reduce or withdraw its financial contribution, my organisation will ensure that a corresponding additional contribution is made available.
5. My organisation will conclude with the associated beneficiaries and co-financiers any agreements necessary for the completion of the work, provided these do not infringe on their obligations, as stated in the grant agreement with the European Commission. Such agreements will be based on the model proposed by the European Commission. They will describe clearly the tasks to be performed by each associated beneficiary and define the financial arrangements.
6. I am aware that my organisation is solely legally and financially responsible to the Commission for the implementation of the project (Article 4 of the Common Provisions).

I am legally authorised to sign this statement on behalf of my organisation.

I have read in full the Common Provisions (attached to the Model Grant Agreement provided with the *LIFE+* application files).

I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At on.....

Signature of the Coordinating Beneficiary:

Name(s) and status of signatory:

ASSOCIATED BENEFICIARY DECLARATION (complete for each Associated Beneficiary)

The undersigned hereby certifies that:

1. My organisation (*add name*) has not been served with bankruptcy orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 93.1 and 94 of Council Regulation 1605/2002 of 25/06/2002 (OJ L248 of 16/09/2002).
2. My organisation (which is legally registered in the European Union) will contribute (*add amount*) € to the project. My organisation will participate in the implementation of the following actions (*add action code(s)*):
. The estimated total cost of my organisation's part in the implementation of the project is (*add amount*) €.
3. My organisation will conclude with the coordinating beneficiary an agreement necessary for the completion of the work, provided this does not infringe on our obligations, as stated in the grant agreement with the European Commission. This agreement will be based on the model proposed by the European Commission. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.
4. For the purposes of the implementation of the agreement regarding this project between the European Commission and the coordinating beneficiary:
 - a) My organisation grants power of attorney to the coordinating beneficiary, to act in our name and for our account in signing the above-mentioned agreement and its possible subsequent riders with the European Commission. Accordingly, my organisation hereby mandates the coordinating beneficiary to take full legal responsibility for the implementation of such an agreement.
 - b) My organisation hereby confirms that we have taken careful note of and accept all the provisions of the above agreement with the European Commission, in particular all provisions affecting my organisation and the coordinating beneficiary. In particular, my organisation acknowledges that, by virtue of this mandate, the co-ordinator alone is entitled to receive funds from the Commission and distribute to my organisation the amount corresponding to our participation in the action.
 - c) My organisation hereby agrees to do everything in our power to help the coordinating beneficiary fulfil his obligations under the above agreement. In particular, my organisation hereby agrees to provide him whatever documents or information may be required, as soon as possible after receiving his request.
 - d) The provisions of the above agreement, including this mandate, shall take precedence over any other agreement between my organisation and the coordinating beneficiary which may have an effect on the implementation of the above agreement between the coordinating beneficiary and the Commission.

I am legally authorised to sign this statement on behalf of my organisation.

I have read in full the Common Provisions (attached to the Model Grant Agreement provided with the *LIFE+* application files).

I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At on.....

Signature of the Associated Beneficiary:

Name(s) and status of signatory:

.....

ASSOCIATED BENEFICIARY PROFILE (Complete for each Associated Beneficiary)

Associated Beneficiary profile information					
Short name				Beneficiary n°	
Legal information on the Associated Beneficiary					
Legal Name				Legal Status	
VAT No				Public body	<input type="checkbox"/>
Legal Registration No				Private commercial	<input type="checkbox"/>
Registration Date				Private non-commercial	<input type="checkbox"/>
Legal address of the Coordinating Beneficiary					
Street Name and No				PO Box	
Post Code		Town/City			
Country Code		Country Name			
Brief description of the Associated Beneficiary's activities and experience in the area of the proposal					

YOU MAY DUPLICATE THIS PAGE

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

Legal Name and full address on the co-financier	
Financial commitment	
We will contribute the following amount to the project: Euro
Status of the financial commitment	
Signature of the authorised person	
Name and status of the authorised person (obligatory):	
Date of the signature (obligatory):	
Authorised signature (obligatory):	

YOU MAY DUPLICATE THIS PAGE



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TECHNICAL APPLICATION FORMS

Part B – Objectives and expected results

- No financial information should be included in these forms.
- All forms in this section may be lengthened, so as to include all essential information.

SUMMARY DESCRIPTION OF THE PROJECT (Max. 3 pages; to be completed in English)

Project title:

.....
.....
.....

Project objectives:

Actions and means involved:

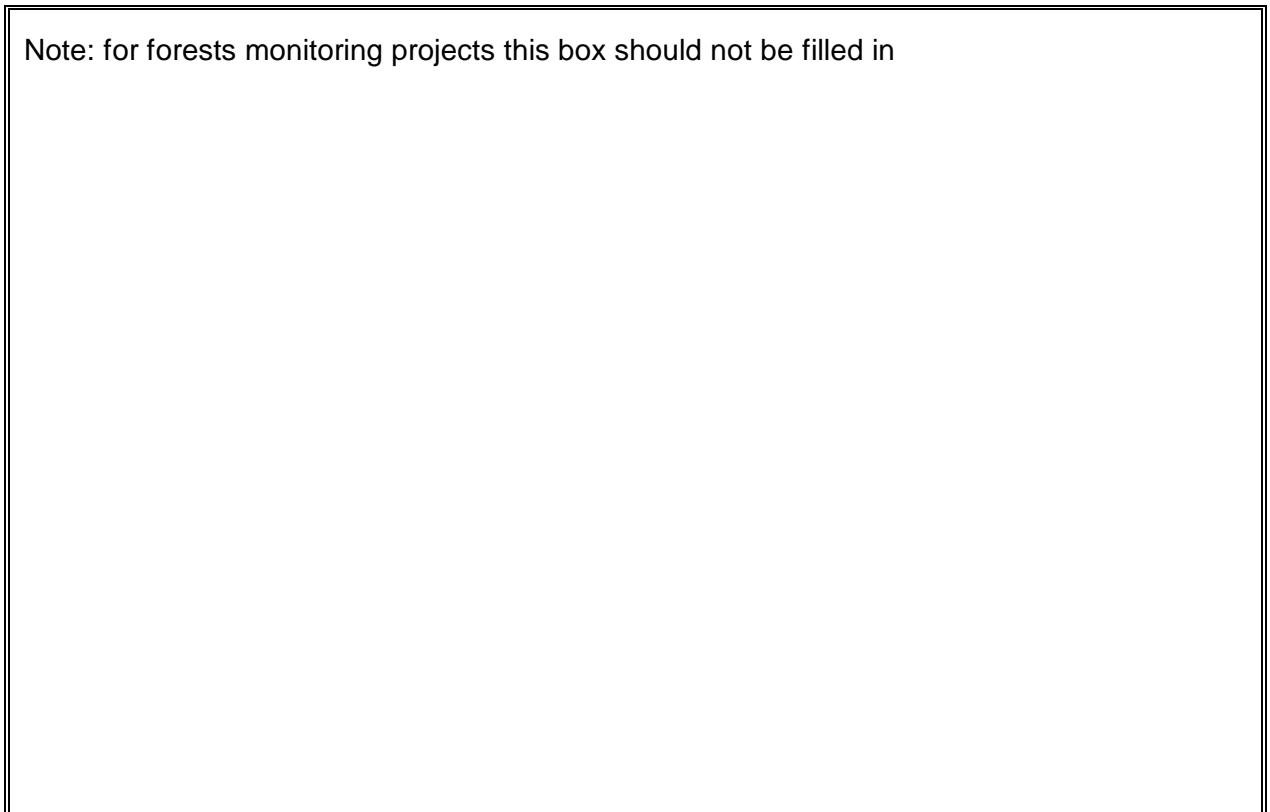
Expected results (outputs and quantified achievements):

ENVIRONMENTAL PROBLEM TARGETED



STATE OF THE ART AND INNOVATIVE ASPECTS OF THE PROJECT

Note: for forests monitoring projects this box should not be filled in



DEMONSTRATION CHARACTER

Note: for forests monitoring projects this form should be not filled in

EU ADDED VALUE OF THE PROJECT AND ITS ACTIONS

EFFORTS FOR REDUCING THE PROJECT'S "CARBON FOOTPRINT"

STAKEHOLDERS INVOLVED AND MAIN TARGET AUDIENCE OF THE PROJECT (OTHER THAN PROJECT PARTICIPANTS)

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the user to enter information about stakeholders and target audiences.

**EXPECTED CONSTRAINTS AND RISKS RELATED TO THE PROJECT IMPLEMENTATION
AND HOW THEY WILL BE DEALT WITH (CONTINGENCY PLANNING)**

A large empty rectangular box with a black border, intended for text input. The box is currently blank, providing space for the user to describe expected constraints and risks related to the project implementation and how they will be dealt with through contingency planning.

**CONTINUATION AND VALORISATION OF THE PROJECT
RESULTS AFTER THE END OF THE PROJECT**

- Which actions will have to be carried out or continued after the end of the project?
- How will this be achieved, what resources will be necessary to carry out these actions?
- To what extent will the results and lessons of the project be actively disseminated after the end of the project to those persons and/or organisations that could best make use of them (please identify these persons/organisations)?



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TECHNICAL APPLICATION FORMS

Part C – detailed technical description of the proposed actions

Important note:

- **All calculations and detailed cost breakdowns necessary to justify the cost of each action should be included in the financial forms F. In order to avoid repeating the financial information (with the risk of introducing incoherencies), Part C should only contain financial information not contained in the financial forms.**
- **All forms in this section may be duplicated, so as to include all essential information.**
- **Any action that is sub-contracted should be just as clearly described as an action that will be directly carried out by the beneficiaries.**

DETAILS OF PROPOSED ACTIONS

For each action or set of actions specify the following:

ACTION 1: name of the action

Description (what, how, where and when):

Methods employed:

Constraints and assumptions:

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

Indicators of progress:

ACTION 2: etc...

DELIVERABLE PRODUCTS OF THE PROJECT

Name of the Deliverable	Code of the associated action	Deadline

MILESTONES OF THE PROJECT

Name of the Milestone	Code of the associated action	Deadline

ACTIVITY REPORTS FORESEEN

Please indicate the deadlines for the following reports:

- Inception Report (to be delivered within 9 months after the project start);
- Progress Reports n°1, n°2 etc. (if any; to ensure that the delay between consecutive reports does not exceed 18 months);
- Mid-term Report with payment request (only for project longer than 24 months)
- Final Report with payment request

Type of report	Deadline

