



***LIFE + Environment Policy and Governance***

**TECHNICAL APPLICATION FORMS**

## **Part A – Administrative information**

**NOTES:**

There are 4 sets of LIFE+ "Environment Policy and Governance" application forms: A, B, C (technical forms) and F (financial forms). The financial forms are in a separate Excel file.

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

Whenever several copies of one form 2010-XY needs to be produced, please use the following naming convention per page: 2010-XY/1; 2010-XY/2 etc.



FOR ADMINISTRATION USE ONLY  
**LIFE+ 10 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:

Climate Change

Urban environment

Waste and natural resources

Water

Noise

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 European Union 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 Associated 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)**

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

YOU MAY DUPLICATE THIS PAGE

**OTHER PROPOSALS SUBMITTED FOR EUROPEAN UNION FUNDING**

**Please answer each of the following questions :**

- Have you or any of your associated beneficiaries already benefited from previous LIFE co-financing? (please cite LIFE project reference number, title, year, amount of the co-financing, duration, name(s) of coordinating beneficiary and/or partners involved):
  
- Have you or any of the associated beneficiaries submitted any actions related directly or indirectly to this project to other European Union financial instruments? To whom? When and with what results, and how are these related to the present proposal?
  
- For those actions which fall within the eligibility criteria for financing through other European Union financial instruments, please explain in detail why you consider that those actions nevertheless do not fall within the main scope of the instrument(s) in question and are therefore included in the current project.





***LIFE + Environment Policy and Governance***

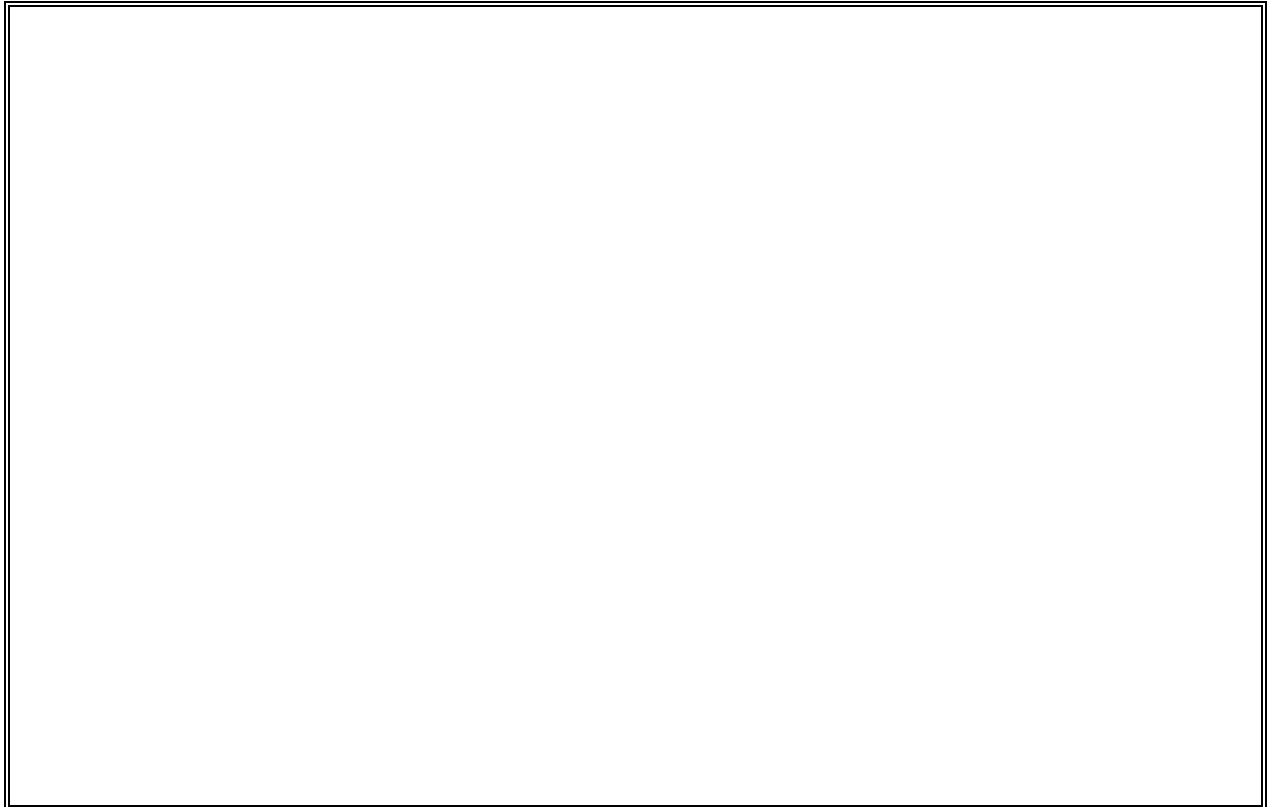
**TECHNICAL APPLICATION FORMS**

## **Part B – Objectives and expected results**

- All forms in this section may be lengthened, so as to include all essential information.

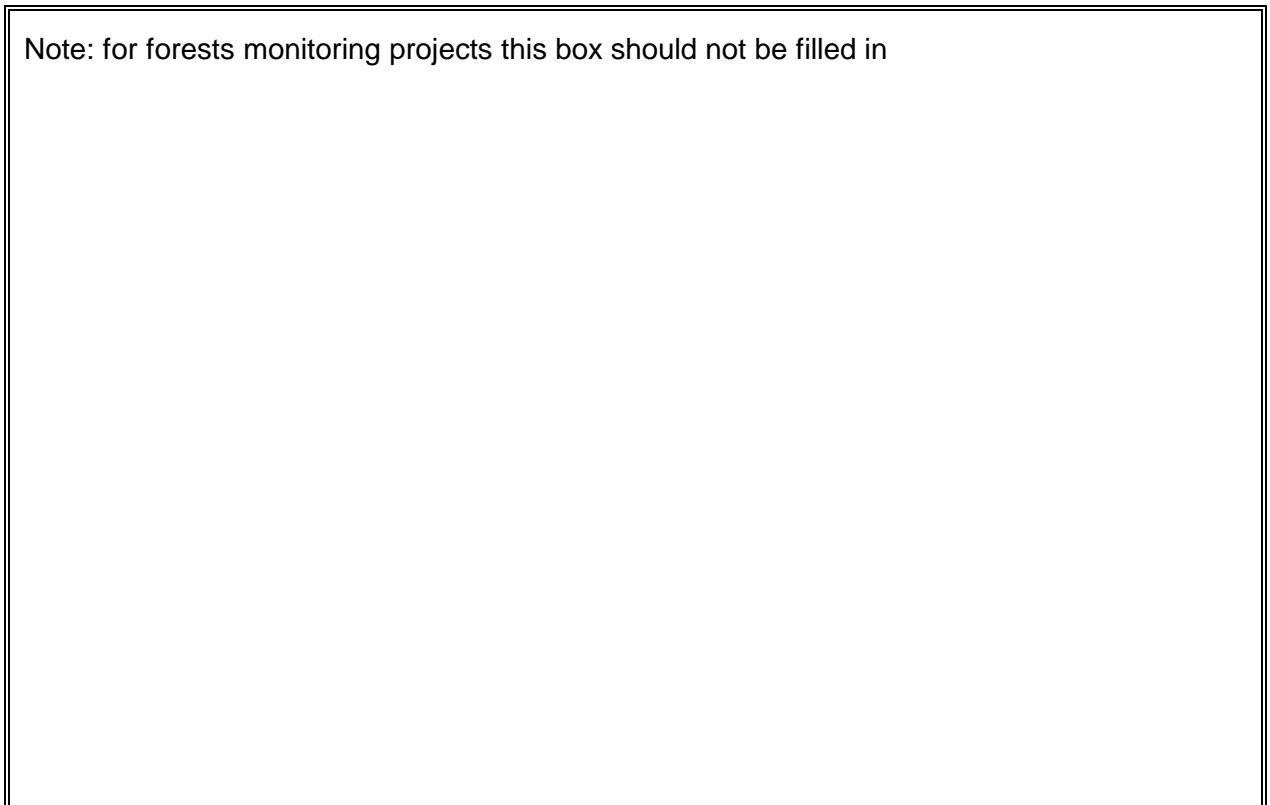


**ENVIRONMENTAL PROBLEM TARGETED**



**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 double-line border, intended for text input. The box is currently blank, providing space for the user to list 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 thin black border, occupying most of the page below the header. It is intended for the user to provide details on expected constraints and risks related to project implementation, along with contingency planning strategies.





***LIFE + Environment Policy and Governance***

**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...*

## LIFE+ Environment Policy and Governance 2010- C2

### 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 (to be delivered within 3 months after the end of the project)

| Type of report | Deadline |
|----------------|----------|
|                |          |

