



LIFE+ Nature & Biodiversity

TECHNICAL APPLICATION FORMS

Part A – administrative information

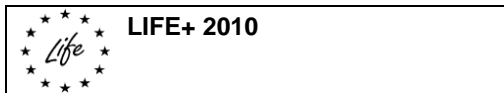
NOTES:

There are 4 sets of LIFE+ "Nature & Biodiversity" 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. Maps illustrating the location of the proposed actions should be presented in annex. Insofar as possible, these maps should be in A4 format but may if necessary be presented in format A3. No formats other than A4 or A3 are allowed.

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.

LIFE+ Nature & Biodiversity 2010- A1



FOR ADMINISTRATION USE ONLY
LIFE+ 10 NAT/

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:

- LIFE+ Nature:** Best practice and/or demonstration project contributing to the implementation of the objectives of the EU Birds and Habitats Directives (Council Directives 79/409 EEC and 92/43/EEC)

- LIFE+ Biodiversity:** Demonstration and/or innovative project contributing to the objectives of the Commission Communication COM (2006) 216 final: "*Halting the loss of Biodiversity by 2010 – and beyond*"

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Coordinating Beneficiary Profile Information			
Short Name		Beneficiary n°	1
Legal information on the Coordinating 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	<input type="checkbox"/>
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	<input type="checkbox"/>
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:

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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

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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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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?

- For those actions which fall within the eligibility criteria for financing through other European Union financial instruments, **please explain in full 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 + Nature and Biodiversity

TECHNICAL APPLICATION FORMS

**Part B – technical summary and
overall context of the project**

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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):

Can the project be considered to be a climate change adaptation project?

Yes

No

GENERAL DESCRIPTION OF THE AREA / SITE(S) TARGETED BY THE PROJECT

Name of the project area:
.....

Surface area (ha):

EU protection status: SPA **NATURA 2000 Code :**

pSCI **NATURA 2000 Code :**

Other protection status according to national or regional legislation:

Main land uses and ownership status of the project area:

Scientific description of project area:

Importance of the project area for biodiversity and/or for the conservation of the species / habitat types targeted at regional, national and EU level (give quantitative information if possible):

Formátované: Francúzština
(Francúzsko)

MAP OF THE GENERAL LOCATION OF THE PROJECT AREA

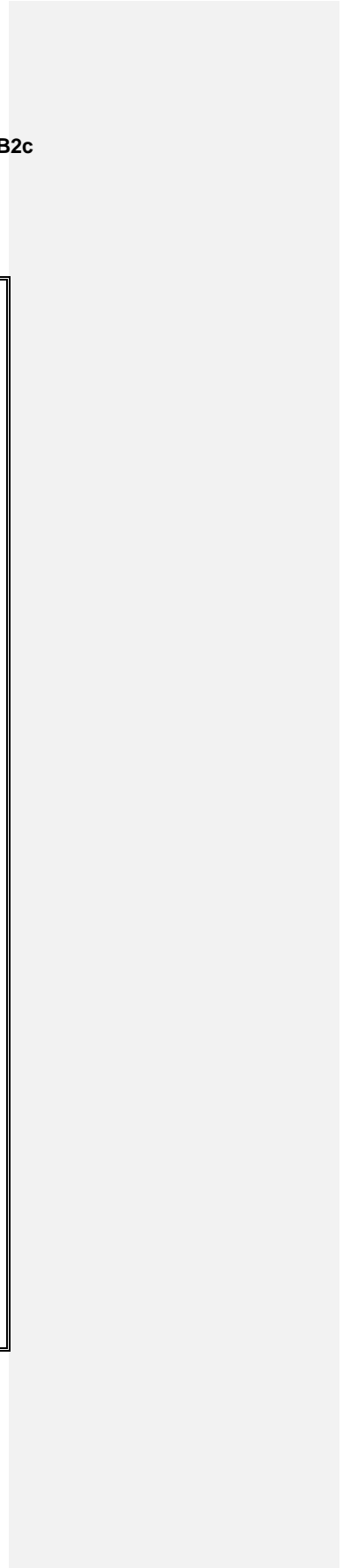
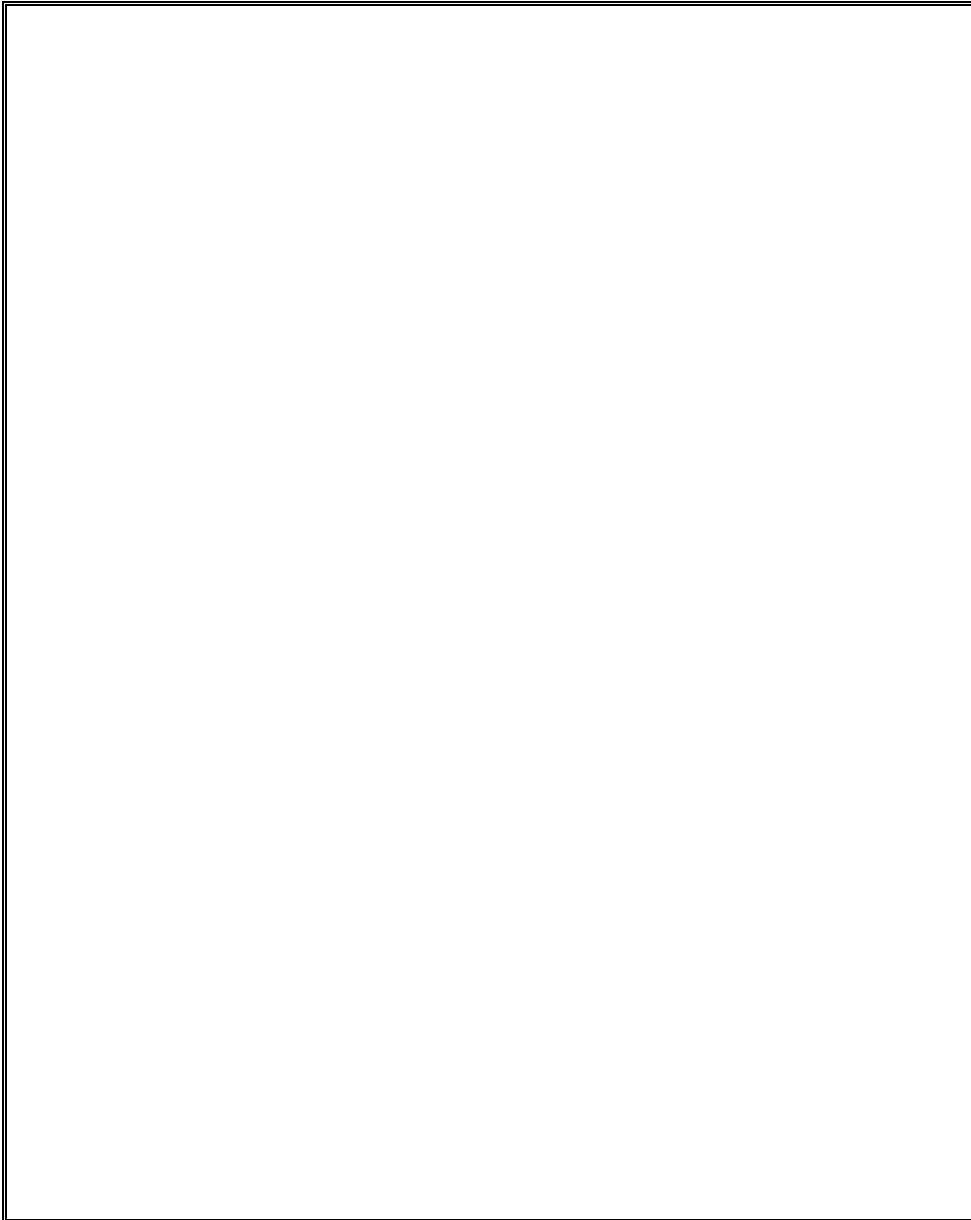
(Please indicate the scale of the map)

LOCATION
IN THE COUNTRY

LOCATION IN
THE REGION

This map must be provided in an A4 format

**DESCRIPTION OF SPECIES / HABITATS / BIODIVERSITY ISSUES
TARGETED BY THE PROJECT**



CONSERVATION / BIODIVERSITY PROBLEMS AND THREATS

Please provide this information for those species and habitat types **directly targeted** by the project

**PREVIOUS CONSERVATION EFFORTS IN THE PROJECT AREA
AND/OR FOR THE HABITATS / SPECIES TARGETED BY THE PROJECT**

EU ADDED VALUE OF THE PROJECT AND ITS ACTIONS

BEST PRACTICE / INNOVATION / DEMONSTRATION CHARACTER OF THE PROJECT

LIFE+ Nature projects must complete best practice and/or demonstration
LIFE+ Biodiversity projects must complete demonstration and/or innovation

BEST PRACTICE:


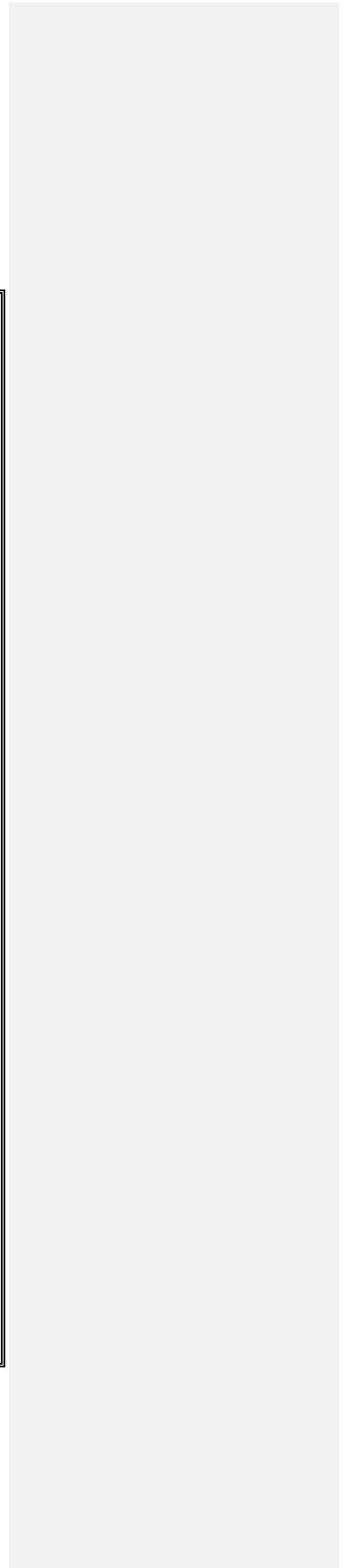
DEMONSTRATION:

INNOVATION:

EFFORTS FOR REDUCING THE PROJECT'S "CARBON FOOTPRINT"

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**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 / 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?
- Protection status under national/local law of sites/species/habitats targeted (if relevant)
- How, where and by whom will the equipment acquired be used after the end of the project?
- 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)?



LIFE + Nature and Biodiversity

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 (e.g. details explaining the cost per hectare).
- All forms in this section may be duplicated, so as to include all essential information.
- Each action described should have a clear indication of its physical target (e.g., action 1 will take place in area "X" and/or will target species "Y"). Whenever this is relevant, the location of these actions should also be identified on one or several maps which must be provided in annex (preferably one map per site). Where feasible, a map of each site should be provided that indicates the location of all the actions taking place on that site.
- Any action that is sub-contracted should be just as clearly described as an action that will be directly carried out by the beneficiaries.

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DETAILS OF PROPOSED ACTIONS

A. **Preparatory actions, elaboration of management plans and/or of action plans**

For each action or set of actions specify the following:

ACTION A.1: name of the action

Description (what, how, where and when):

Reasons why this action is necessary:

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

Cost estimation (verify consistency with F forms):

ACTION A.2: etc...

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B. Purchase/lease of land and/or compensation payments for use rights

For each action or set of actions specify the following:

ACTION B.1: name of the action

Description (what, how, where and when):

Reasons why this action is necessary:

Beneficiary responsible for implementation:

Expected results (quantitative information needed):

Cost estimation (verify consistency with F forms):

ACTION .B.2: etc...

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C. Concrete conservation actions

For each action or set of actions specify the following:

ACTION C.1: name of the action

Description (what, how, where and when):

Reasons why this action is necessary (specify the species / habitat(s) / biodiversity issue(s) targeted):

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

Cost estimation (verify consistency with F forms):

ACTION C.2: etc...

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D. Public awareness and dissemination of results

For each action or set of actions specify the following:

ACTION D.1: name of the action

Description (what, how, where and when):

Reasons why this action is necessary (specify the target audience):

Beneficiary responsible for implementation:

Expected results (quantitative information when possible)

Cost estimation (verify consistency with F forms):

ACTION D.2: etc...

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E. Overall project operation and monitoring

For each action or set of actions specify the following:

ACTION E.1:

Name of action:

Description (what, how, where and when):

Reasons why this action is necessary:

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

Cost estimation (verify consistency with F forms):

ACTION E.2: etc...

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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)

Formátované: Francúzština
(Francúzsko)

Type of report	Deadline

