General Information

This application form consists of the following main sections:

- Context: this section asks for general information about the type of project proposal you want to submit and about the Agency that will receive, assess and select your proposal;

- Participating organisation(s): this section asks for information about the applicant organisation and - if relevant - about any other organisation involved as partners in the project;

- Description of the project: this section asks for information about all the stages of the project: preparation, implementation of main activities (meaning the Mobility activities) and follow-up;

- Budget: in this section you will be asked to give information about the amount of the EU grant you request;

- Check List/Data Protection Notice/Declaration of Honour: in these sections, the applicant is made aware of important conditions linked to the submission of the grant request;

- Annexes: in this section, the applicant needs to attach additional documents that are mandatory for the completion of the application;

- Submission: in this section, the applicant will be able to confirm the information provided and to submit the form online;

For more information on how to fill in this application form, you can read the e-Forms Guideline.

Context

Programme	Erasmus+
Key Action	Learning Mobility of Individuals
Action	Mobility of Learners and Staff
Action Type	Youth mobility
Call	2014
Round	
Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time)	
Language used to fill in the form	

Project Identification

Project Title	
Project Acronym	
Project Start Date (dd-mm-yyyy)	
Project Total Duration (Months)	
Project End Date (dd-mm-yyyy)	
Applicant Organisation Full Legal Name (Latin characters)	
Form hash code	

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National Agency of the Applicant Organisation

Identification

For further details about the available Erasmus+ National Agencies, please consult the following page:

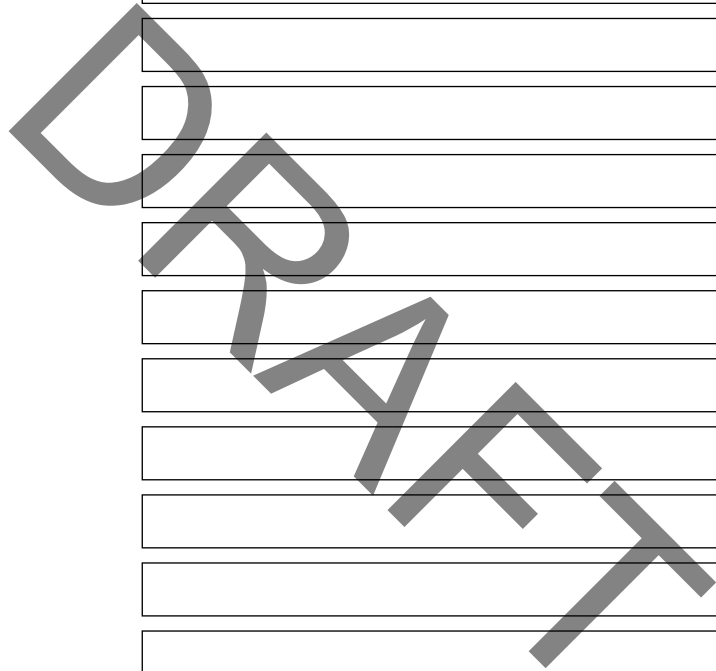http://ec.europa.eu/education/participant-portal/support/contact/index_en.htm

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Participating organisation(s)

Applicant Organisation

PIC	Check PIC
Full legal name (National Language)	
Full legal name (Latin characters)	
Acronym	
National ID (if applicable)	
Department (if applicable)	
Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Website	
Email	
Telephone 1	
Telephone 2	
Fax	

Profile

Type of Organisation	
Is your organisation a public body?	
Is your organisation a non-profit?	
Is your organisation: a public body at regional/national level; an association of regions; a European Grouping of Territorial Cooperation; or a profit-making body active in Corporate Social Responsibility?	

Form hash code:

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Accreditation

Have you received any type of accreditation before submitting this application?

Accreditation Type	Accreditation Reference

[+] [-]

Background and Experience

Please briefly present your organisation.

What are the activities and experience of your organisation in the areas relevant for this application?

What are the skills and expertise of key staff/persons involved in this application?

Have you applied for/received a grant from any European Union programme in the 12 months preceding this application?

Please indicate:

EU Programme	Year	Project Identification or Contract Number	Applicant/Beneficiary Name

[+] [-]

Legal Representative

Title	
Gender	
First Name	
Family Name	
Department	

Form hash code:

[Validate]

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Position

Email

Telephone 1

☐ If the address is different from the one of the organisation, please tick this box

Address

Country

Region

P.O. Box

Post Code

CEDEX

City

Telephone 2

Contact Person

Title

Gender

First Name

Family Name

Department

Position

Email

Telephone 1

☐ If the address is different from the one of the organisation, please tick this box

Address

Country

Region

P.O. Box

Form hash code:

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Post Code	
CEDEX	
City	
Telephone 2	

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Partner Organisation

PIC	[Check PIC]
Full legal name (National Language)	
Full legal name (Latin characters)	
Acronym	
National ID (if applicable)	
Department (if applicable)	
Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Website	
Email	
Telephone 1	
Telephone 2	
Fax	

Profile

Type of Organisation	
Is the partner organisation a public body?	
Is the partner organisation a non-profit?	

Accreditation

Has the organisation received any type of accreditation before submitting this application?

Accreditation Type	Accreditation Reference

[+] [-]

Form hash code:

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Background and Experience

Please briefly present the partner organisation.

What are the activities and experience of the organisation in the areas relevant for this application?

What are the skills and expertise of key staff/persons involved in this application?

Legal Representative

Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	

☐ If the address is different from the one of the organisation, please tick this box

Address	
Country	
Region	
P.O. Box	
Post Code	

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CEDEX	
City	
Telephone 2	

Add Partner   **Remove Partner**

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Description of the Project

Why do you want to carry out this project? What are its objectives? What are the issues and needs are you seeking to address through this project?

How did you choose your project partners? What experiences and competences will they bring in the project?

What are the most relevant topics addressed by your project?

| + | - |

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Participants' Profile

Please describe the background and needs of the participants involved and how these participants have been or will be selected.

Please provide general information on the age of participants and describe how you will ensure gender balance in the main activities carried out in your project.

Participants with Fewer Opportunities

Does your project involve participants facing situations that make their participation in the activities more difficult?

How many participants (out of the total number) would fall into this category?

Which types of situations are these participants facing?

| + | - |

Learning Outcomes

Which competences (i.e. knowledge, skills and attitudes/behaviours) are to be acquired/improved by participants in your project?

The Erasmus+ Programme promotes the use of instruments/certificates like Europass, ECVET and Youthpass to validate the competences acquired by the participants during their experiences abroad. Will your project make use of such European instruments/certificates? If so, which ones?

| + | - |

Are you planning to use any national instrument/certificate? If so, which one?

How will you use the European/national instrument(s)/certificate(s) selected?

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Preparation

Please describe what will be done in preparation, by your organisation and, if relevant, by your partners before the main activities take place.

Practical Arrangements

How will the practical and logistic matters of the project be addressed (e.g. travel, accommodation, insurance, safety and protection of participants, visa, social security, mentoring and support, preparatory meetings with partners etc.)?

Project Management

How will you address quality and management issues (e.g. setting up of agreements with partners, learning agreements with participants, etc.)?

Preparation of Participants

Which kind of preparation will be offered to participants (e.g. task-related, intercultural, linguistic, risk-prevention etc.)? Who will provide such preparatory activities?

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Main Activities

What are the basic elements of the main activities you plan to organise? For each activity, remember to describe at the very least all of the following: type of activity, venue(s), planned dates, working methods used, countries involved and the role of each project partner in the activity.

If applicable, how do you intend to cooperate and communicate with your project partners and other relevant stakeholders?

What is the role of each partner in the activities? How do you intend to cooperate and communicate with your project partners and other relevant stakeholders? How will the participants be monitored during their training placement? Who will monitor their work programme and progress?

Activities' Details

Please enter the different mobility activities you intend to implement in your project.

Activity No.	A1
Activity Type	
No. of Participants	
Participants with Special Needs (out of total number of Participants)	
Participants with Fewer Opportunities (out of total number of Participants)	
Accompanying Persons (out of total number of Participants)	
Is this a long-term activity?	

Flow No.	Country of Origin	Country of Destination	Duration (months)	Duration (days)	No. of Participants
1					

+	-

	Total	

Add Activity	Remove Activity

Form hash code:

Validate

Please attach a timetable of the activity in the section "Annexes" of this form.

Summary of Activities and Participants

Activity Type	No. of Activities	No. of Participants
Total		

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Follow-up

Please describe what will happen after the end of your main activities.

Impact

What is the expected impact on the participants, participating organisation(s) and target groups?

What is the desired impact of the project at the local, regional, national, European and/or international levels?

Dissemination of projects' results

Which activities will you carry out in order to share the results of your project outside your organisation and partners? What will be the target groups of your dissemination activities?

Evaluation

Which activities will you carry out in order to assess whether, and to what extent, your project has reached its objectives and results?

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Budget

For further information please consult the Programme Guide for the overview of funding rules. Please note that all amounts must be expressed in Euros.

Travel

Activity No.	Activity Type	Flow No.	Country of Origin	Country of Destination	Distance Band	No. of Participants	Travel Grant per Participant	Total Travel Grant Requested
A1		1						
							Total	

Individual Support

Activity No.	Activity Type	Flow No.	Country of Destination	Duration (days)	No. of Participants	Grant per Participant	Total Grant Requested
A1		1					
						Total	

Organisational Support

Activity No.	Activity Type	Flow No.	Country of Destination	Duration (days)	No. of Participants	Grant per Participant/Day	Total Grant Requested
A1		1					
						Total	

Linguistic Support

Support for linguistic preparation is available for participants of European Voluntary Service (EVS) activities lasting from 2 to 12 months. However, online linguistic assessment is obligatory for all the EVS participants using a language from Group 1 (see table below) as a foreign language during mobility activities from 2 to 12 months.

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Language Group	No. of Participants for online linguistic assessment	No. of Participants for linguistic preparation	Grant per Participant	Total Grant Requested
Group 1 (DE, EN, ES, FR, IT)			0.00	0.00
Group 2 (Other EU official languages not included in group 1)				
Total			Total	

Please note that assessment and courses in languages included in Group 1 are planned to be supported through the online linguistic service organised by the European Commission. When the service is available, linguistic support will be provided in the form of accesses to online assessment and online language courses instead of grants for these languages. Linguistic preparation in languages included in Group 2 will be supported through grants, which can be used for different forms of linguistic preparation (e.g. traditional taught courses, self-study, etc.). Linguistic preparation can be carried out before or during mobility.

Special needs' Support

Activity No.	Activity Type	No. of Participants With Special Needs	Description of Costs	Total Grant Requested
			Total	

+	-

Exceptional Costs

Activity No.	Activity Type	No. of Participants	Description of Costs	Total Grant Requested
			Total	

+	-

Please provide any further comments you may have concerning the above entered budget.

Form hash code:

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Project summary

Please provide a short summary of your project. Please recall that this section [or part of it] may be used by the European Commission, Executive Agency or National Agencies in their publications. It will also feed the Erasmus+ dissemination platform.

Be concise and clear and mention at least the following elements: context/background of project; objectives of your project; number and profile of participants; description of activities; methodology to be used in carrying out the project; a short description of the results and impact envisaged and finally the potential longer term benefits.

Please provide a translation in English.

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Summary of participating organisations

Name of the Organisation	Country of the Organisation	Type of Organisation
Total number of participating organisations		

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Validate

Budget Summary

The sum of previous sections representing the total grant requested for this application.

Activity No.	Activity Type	Travel	Individual Support	Organisational Support	Special Needs Support	Exceptional Costs	Total
	Total						

Linguistic Support	

Project Total Grant

Grant Calculated	
Grant Requested	

Form hash code:

Validate

Checklist

Before submitting your application form to the National Agency, please make sure that it fulfils the eligibility criteria listed in the Programme Guide and check that:

☐ you have used the official Key- Action 1 application form.

☐ all relevant fields in the application form have been completed.

☐ the application form is submitted to the National Agency of the country in which your organisation is established.

☐ the application form has been completed using one of the official languages of the Erasmus+ Programme Countries.

☐ you have annexed all the relevant documents:

    ☐ the Declaration of Honour signed by the legal representative mentioned in the application.

    ☐ the mandates of each partner to the applicant signed by both parties.

    ☐ the timetable of the activities

☐ all participating organisations have uploaded the documents to give proof of their legal status in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide).

☐ for grants exceeding 60 000 EUR, you have uploaded the documents to give proof of your financial capacity in the participants' portal (for more details, see the section "Selection Criteria" in Part C of the Programme Guide). Not applicable in the case of public bodies or international organisations.

☐ you are complying with the deadline published in the Programme Guide.

☐ you have saved or printed the copy of the completed form for yourself.

Form hash code:

Validate

Data Protection Notice

PROTECTION OF PERSONAL DATA

The application form will be processed electronically. All personal data (such as names, addresses, CVs, etc.) will be processed in pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Any personal data requested will only be used for the intended purpose, i.e.:

- In the case of grant application forms: the evaluation of your application in accordance with the specifications of the call for proposals,

- In the case of application for accreditation forms: the evaluation of your application in accordance with the specifications of the call for proposals,

- In the case of report forms: statistical and financial (if applicable) follow-up of the projects.

For the exact description of the collected personal data, the purpose of the collection and the description of the processing, please refer to the Specific Privacy Statement accompanying this form.

You are entitled to obtain access to your personal data on request and to rectify any such data that is inaccurate or incomplete. If you have any queries concerning the processing of your personal data, you may address them to your National Agency. You have the right of recourse at any time to your national supervising body for data protection or the European Data Protection Supervisor for matters relating to the processing of your personal data.

You are informed that for the purposes of safeguarding the financial interest of the Communities, your personal data may be transferred to internal audit services, to the European Court of Auditors, to the Financial Irregularities Panel and/or to the European Anti-Fraud Office (OLAF).

http://www.edps.europa.eu/

Validate

Declaration of Honour

To be signed by the person legally authorised to enter into legally binding commitments on behalf of the applicant organisation.

I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge. I put forward a request of an Erasmus+ grant as set out in section BUDGET of this application form.

Declare that:

- All information contained in this application, is correct to the best of my knowledge.

- In the case of projects in the field of youth, the participants involved in the activities fall in the age limits defined by the Programme.

- The organisation I represent has the adequate legal capacity to participate in the call for proposals.

EITHER

The organisation I represent has financial and operational capacity to complete the proposed action or work programme

OR

The organisation I represent is considered to be a "public body" in the terms defined within the Call and can provide proof, if requested of this status, namely:

It provides learning opportunities and

- Either (a) at least 50% of its annual revenues over the last two years have been received from public sources;

- Or (b) it is controlled by public bodies or their representatives

I am authorised by my organisation to sign Community grant agreements on its behalf.

Certify that (in case the grant requested exceeds 60.000€):

The organisation I represent:

- is not bankrupt, being wound up, or having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, nor is it in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

- has not been convicted of an offence concerning its professional conduct by a judgment which has the force of 'res judicata';

- has not been guilty of grave professional misconduct proven by any means which the National Agency can justify;

- has fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established or those of the country where the grant agreement is to be performed;

- has not been the subject of a judgment which has the force of 'res judicata' for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;

- it is not currently subject to an administrative penalty referred to in Article 96(1) of the Financial Regulation (Council Regulation 1605/2002 of 25/06/02, as amended).

Acknowledge that:

The organisation I represent will not be awarded a grant if it finds itself, at the time of the grant award procedure, in contradiction with any of the statements certified above, or in the following situations:

- subject to a conflict of interest (for family, personal or political reason or through national, economic or any other interest shared with an organisation or an individual directly or indirectly involved in the grant award procedure);

- guilty of misrepresentation in supplying the information required by the National Agency as a condition of participation in the grant award procedure or has failed to supply this information.

In the event of this application being approved, the National Agency has the right to publish the name and address of this organisation, the subject of the grant and the amount awarded and the rate of funding.

Commit:

Form hash code:

Validate

- my organisation and the other partner organisations herein, to take part upon request in dissemination and exploitation activities conducted by National Agencies, the Executive Agency and/or the European Commission, where the participation of individual participants may also be required.

I acknowledge that administrative and financial penalties may be imposed on the organisation I represent if it is guilty of misrepresentation or is found to have seriously failed to meet its contractual obligations under a previous contract or grant award procedure.

Place: Date (dd-mm-yyyy):

Name of the applicant organisation:

Name of legal representative:

Signature:

National ID number of the signing person (if requested by the National Agency):

Stamp of the applicant organisation (if applicable):

Print Declaration of Honour

Form hash code:

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Annexes

Please note that all documents mentioned in section "Checklist" need to be attached here before you submit your application online.

File Name	File Size (kB)	
		Add
		Add
		Add
		Add
		Add
Total Size		

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Form hash code:

Validate

Submission

Before submitting the form electronically, please validate it. Please note that only the final version of your form should be submitted electronically.

Data Validation

Validation of compulsory fields and rules

> [Validate]

Standard Submission Procedure

Online submission (requires internet connection)

> [Submit Online]

Alternative Submission Procedure

If you cannot submit your application online you can still do it by sending an email to your National Agency within the 2 hours following the official application deadline. The email must contain the complete electronic form and any file attachments you wish to send. You must also attach a snapshot of section "Submission Summary" indicating that this electronic form could not be submitted online. Your National Agency will analyse your situation and provide you with further instructions.

Submission Summary

This table provides additional information (log) of all form submission attempts, particularly useful for the National Agencies in case of multiple form submissions.

Number	Time	Event	Form Hash Code	Status

* means local PC time, which cannot be considered authoritative and cannot be used for claiming that the form has been submitted in time

Form Printing

Print the entire form

> [Print Form]

Form hash code:

> [Validate]