



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL V  
EMPLOYMENT, INDUSTRIAL RELATIONS AND SOCIAL AFFAIRS  
Social policy and action  
Integration of disabled people

**1999 APPLICATION FORM FOR A GRANT:  
“SUPPORT FOR REPRESENTATIVE EUROPEAN CO-ORDINATION  
ORGANISATIONS ACTIVE IN THE FIELD OF EQUAL  
OPPORTUNITIES FOR DISABLED PEOPLE”**

Form to be filled in and returned, both **signed and dated, by 25 March 1999 at the latest to:**

**EUROPEAN COMMISSION  
ARCHIVES - COURRIER DG V  
VP/1999/001  
RUE DE LA LOI 200 -J 37 00/26  
B-1049 BRUSSELS**

**Please read carefully the “Call for Proposals” and the "Guide to the 1999 Grant Application form" attached before filling in this form.**

**When filling in the application form, do not exceed the space indicated. Do not enclose annexes other than those requested in the “Call for Proposals”. Additional documents will neither be considered nor returned.**

**1 Identity of the organisation**

1.1 Official name (including abbreviated form)

1.2 Head office address (including full postal address)

Telephone

Fax

1.3 Name and position of the person responsible for the overall management of the co-ordination work programme \*

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\* Enclose a c.v.

1.4 Name(s), position(s) and signature(s) of personnel authorised to sign the co-financing contract with the Commission

1.5 Brief description of the aim of the organisation (specify target groups or sectors if applicable)

1.6 Legal status of applicant (give number and date of registration)\*\*( please enclose a certified copy of the registered by-laws or articles of association of your organisation as well as a recent proof of existence such as bank account)

Date of the registration (give full details of registration, for instance reference of the publication in your national Official Journal/Gazette or other)

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\*\* Enclose a copy of the bylaws

1.7. Structure of the European organisation

\*Which organisations may join the organisation as members?

\*Does your organisation have a fully-developed European secretariat? If not, see point 1.10.

Yes

No

\*Name and number of people employed at the European secretariat, and tasks (please specify position, language skills levels and whether these people work full time or part time)

-paid employees

-voluntary employees:

\*Name of disabled staff employed in the European secretariat, if applicable (please specify number and position)

1.8. List of the nationally organised non-profit associations, members of the European association

Specify the importance of each organisation, in terms of structure and affiliated members and the number of disabled members active in the national organisation

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List of nationally organised non profit members.(cont.)

1.9 Composition of the board of the European organisation (specify disabled members or representatives)

1.10. If your European organisation does not have a European secretariat, please specify staff in charge of the co-ordination at European level (include number, name, position and language skill levels)

Disabled staff (include number and position)

1.11 Experience of working in the sector concerned

1.12 Previous experience of co-operation with other European organisations (if applicable)

1.13 Previous subsidies obtained directly or indirectly in the course of the three preceding accounting periods from any European Community institutions (if applicable) \*\*\*

For each subsidy indicate:

- the community programme concerned;
- the title of the project and reference n° of contract:
- the year of attribution by the Community institution:
- the amount of subsidy:

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\*\*\* The failure to indicate all sources of subsidies secured at the time the application is submitted will entail the Commission to automatically reject the application

1.13 Previous subsidies (cont.)

1.14 Has your organisation submitted, or does it intend to submit, an application in 1999 for support to other Commission services? (please specify the DGs, the Community programme and the state of play of your contacts)



## **2. Programme description and justification**

### **2.1 Description of the activities of your organisation for which the subsidy is requested.**

Please enclose a detailed and accurate programme of anticipated activities for the organisation's 1999 financial year. This should cover all activities such as: participation in co-ordination actions between member associations, annual meetings, information measures for members (newsletter etc), preparation of reports, publication etc.

For each activity, a separate sheet (to be attached to this form) will entail a description of the activity in question, its objectives and target audience, clear indication on the effective and substantial participation of disabled people in its design and implementation, indicative timetable, venue and the anticipated results.

Please also indicate tasks related to the activities of the organisation which the applicant intends to sub-contract to another third party organisation/company/association:

## 2.1. Description of the activities (cont.)

2.2. Provide details illustrating the mechanisms of consultation and information between the organisation members and indicate how this co-operation is to be reinforced by the execution of the programme (if the co-ordination activities of your organisation were co-financed in 1998, give a summary of the outcome.)

2.5 Explain how disabled people are involved in the programme's implementation and follow-up

2.6. Describe how the planned activities will contribute to make the current disability policy of the European Union publicized as widely as possible (this point must not be limited to only information activities)

2.7. Dialogue and involvement of the organisation and its members with public authorities, social partners and other NGOs

### 3. Implementation schedule

3.1 Expected starting date (please remember that your work programme must be limited to a one-year period starting on 1 April 1999 at the earliest and by 31 December 1999 at the latest)

Date of the start of work\*\*\*\*

Date of the end of work\*\*\*\*\*

3.2. Please provide a detailed timetable for the implementation of the work programme, as follows:

| Month | Action(s) | Anticipated cost (in EURO) |
|-------|-----------|----------------------------|
|-------|-----------|----------------------------|

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\*\*\*\* the dates of the start and end of work determine the period of eligibility of any expenditure

\*\*\*\*\* All expenditure incurred after this date will not be eligible except where express authorisation has been approved by the competent services

## Implementation schedule (cont.)

#### **4. Declaration**

On behalf of my organisation, I hereby declare that I have agreed to the basic conditions of participation in the 1999 co-ordination activities. I confirm that the information contained in the present request is correct and that no partial or total information to the attention of the European Commission is withheld. I also declare that my organisation and I, and our partners, will comply with and abide by these basic conditions and that we will co-operate fully with the European Commission to oversee the actions. I understand that the European Commission is not required to justify its selection of actions.

Should my application be selected, I hereby undertake to mention clearly the Community funding in every instance, public or not, official or not, and on all information material.

Name of the applicant organisation

Name of representative of the organisation signing the application

Position

Date

Place

Signature

**Before detailing your budget, please ensure that you are familiar with the Guide to the 1999 Grant Application form, in particular the points relating to the eligible expenses as well as non-eligible expenses.**



**FINANCIAL IDENTIFICATION  
UNITED KINGDOM / IRELAND**

| <b>ACCOUNTHOLDER</b> |                      |
|----------------------|----------------------|
| NAME                 | <input type="text"/> |
| ADDRESS              | <input type="text"/> |
| CITY                 | <input type="text"/> |
| POSTAL CODE          | <input type="text"/> |
| CONTACTPERSON        | <input type="text"/> |
| TELEPHONE            | <input type="text"/> |
| TELEFAX              | <input type="text"/> |
| VAT NUMBER           | <input type="text"/> |

| <b>BANK</b>   |                      |
|---------------|----------------------|
| NAME          | <input type="text"/> |
| ADDRESS       | <input type="text"/> |
| CITY          | <input type="text"/> |
| POSTAL CODE   | <input type="text"/> |
| SORT CODE     | <input type="text"/> |
| CURRENCY      | <input type="text"/> |
| ACCOUNTNUMBER | <input type="text"/> |

| <b>BENEFICIARY</b>                            |                      |
|---|----------------------|
| <i>(only if different from accountholder)</i> |                      |
| NAME  | <input type="text"/> |
| ADDRESS                                       | <input type="text"/> |
| CITY  | <input type="text"/> |
| POSTAL CODE                                   | <input type="text"/> |

**REMARKS:** .....

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### Provisional budget of the 1999 co-ordination activities of the organisation to be subsidised

Summary of the Provisional budget for which the subsidy is requested, a precise breakdown of costs and the method of calculation established with the aid of the following tables must be attached to this summary. The provisional budget must be expressed in EURO and balanced between receipts / expenditures;

The applicant certifies that the expenditure mentioned here is necessary for the implementation of the **activities of the organisation to be subsidised and will** be both, effectively incurred and registered in the organisation's official accounts

| <u>Eligible costs</u>  | (In Euros) | <u>Financing Plan</u>  | (In Euros) |
|--|------------|--|------------|
| <u>Chapter I: Eligible direct costs</u><br>1) Estimation of "in kind" contributions<br><br>2) Costs of personnel<br><br>3) Travel and subsistence costs<br><br>4) Different services (printing, publication, translation, interpretation, subcontracting)<br><br>5) Administrative costs (equipment costs, rental and associated costs)<br>6) Contingency reserve<br><br><u>Chapter II: Indirect eligible costs</u> (such as heating, lighting, stationery, telephone etc) |            | 1) Estimation of "in kind" contributions<br><br>2) Direct receipts resulting from the co-ordination activities of the organisation<br><br>3) Own contribution of the applicant<br><br>4) Contribution requested from the Commission by the present application<br><br>5) Contribution from other organisations (public, private etc) if applicable, please specify |            |
| <b>TOTAL</b>   |            | <b>TOTAL</b>   |            |

Name of the applicant organisation

Name of representative of the organisation signing the application

Date

Signature



**PART III : TRAVEL AND SUBSISTENCE EXPENSES**

| DESTINATION  | N° OF PERSONS | TRAVEL COSTS | MEANS OF TRANSPORT | SUBSISTENCE COSTS | NUMBER OF DAYS | TOTAL |
|--------------|---------------|--------------|--------------------|-------------------|----------------|-------|
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
|              |               |              |                    |                   |                |       |
| <b>TOTAL</b> |               |              |                    |                   |                |       |

**PART IV : DIFFERENT SERVICES**

**COSTS OF PRINTING, PUBLICATION, TRANSLATION, INTERPRETATION  
(INCLUDING SUBSCRIPTION FEES, CD ROM, DISTRIBUTION ETC)**

| NATURE OF COSTS | QUANTITY | UNIT COST | TOTAL COST |
|-----------------|----------|-----------|------------|
|                 |          |           |            |
|                 |          |           |            |
|                 |          |           |            |
|                 |          |           |            |
|                 |          |           |            |
|                 |          |           |            |
| <b>TOTAL</b>    |          |           |            |

## **SUBCONTRACTING AND/OR TRANSFER OF FUNDS**

Please indicate

- The precise name of address of any sub-contractor
- The precise nature of the tasks that will be entrusted to that person/organisation
- The amount and the method of calculation (fully detailed estimate)

## **PART V : ADMINISTRATIVE COSTS**

### **EQUIPMENT COSTS**

#### **COSTS OF PURCHASE OF DURABLE EQUIPMENT – DEPRECIATION**

| <b>TYPE OF EQUIPMENT</b> | <b>UNIT COST</b> | <b>QUANTITY</b> | <b>ELIGIBLE COST (DEPRECIATION)</b> | <b>TOTAL</b> |
|--------------------------|------------------|-----------------|-------------------------------------|--------------|
|                          |                  |                 |                                     |              |
|                          |                  |                 |                                     |              |
|                          |                  |                 |                                     |              |
|                          |                  |                 |                                     |              |
| <b>TOTAL</b>             |                  |                 |                                     |              |

**RENTAL AND ASSOCIATED COSTS WHERE APPLICABLE (IF NOT INCLUDED IN INDIRECT COSTS)**

| NATURE OF COSTS | QUANTITY | UNIT COST | TOTAL COST |
|-----------------|----------|-----------|------------|
|                 |          |           |            |
|                 |          |           |            |
|                 |          |           |            |
|                 |          |           |            |
| <b>TOTAL</b>    |          |           |            |

**PART VI : CONTINGENCY RESERVE**

**CHAPTER II: INDIRECT ELIGIBLE EXPENSES**

**PART VII : INDIRECT COSTS**

Indirect costs are general costs/expenses directly generated by the carrying out of the co-ordination work programme and indispensable to the work programme, up to a maximum of 7% of the total direct Costs (Chapter I). Under this general heading the following could be covered, for example: running costs such as: stationery, photocopying, telephone calls, heating, electricity etc.

**GRAND TOTAL (CHAPTER I + CHAPTER II)**

## SEMINAR/ CONFERENCE/WORKING GROUPS

### BREAKDOWN OF COSTS ( ONE FORM PER CONFERENCE)

Nb: This Form should only be completed if the proposed project includes the organisation of a seminar, conference, working group with an estimated budget above EURO 3000. This form is intended to be **an additional** breakdown of costs relative to the seminar, conference or working group. All costs shown here will have already been included in the Estimated Expenditure Budget.

Date:

Location:

N° of days of conference:

N° of speakers:

N° of rooms rented

Cost of meeting rooms:

#### Rental of Equipment

| TYPE  | NUMBER OF DAYS | TOTAL COST BY TYPE OF EQUIPMENT |
|-------|----------------|---------------------------------|
|       |                |                                 |
|       |                |                                 |
|       |                |                                 |
|       |                |                                 |
|       |                |                                 |
|       |                |                                 |
| TOTAL |                |                                 |

**Travel costs, Participants and Speakers**

| NUMBER OF PEOPLE | FROM TO | MODE OF TRAVEL | AVERAGE COST PER TRIP |
|------------------|---------|----------------|-----------------------|
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
|                  |         |                |                       |
| TOTAL            |         |                |                       |

**Costs of lodging and meals (participants and speakers)**

| NUMBER OF PEOPLE | NUMBER OF DAYS | AVERAGE COST PER DAY | TOTAL COSTS OF LODGING |
|------------------|----------------|----------------------|------------------------|
|                  |                |                      |                        |
|                  |                |                      |                        |
|                  |                |                      |                        |
|                  |                |                      |                        |
| TOTAL            |                |                      |                        |



**Speakers Fees**

| NUMBER OF SPEAKERS | NUMBER OF DAYS | AVERAGE COST PER DAY | TOTAL COST FEES |
|--------------------|----------------|----------------------|-----------------|
|                    |                |                      |                 |
|                    |                |                      |                 |
|                    |                |                      |                 |
|                    |                |                      |                 |
| TOTAL              |                |                      |                 |

**Interpreters Fees**

| NUMBER OF INTERPRETERS | LANGUAGES FROM - TO | NUMBER OF DAYS | COST PER DAY |
|------------------------|---------------------|----------------|--------------|
|                        |                     |                |              |
|                        |                     |                |              |
|                        |                     |                |              |
|                        |                     |                |              |
| TOTAL                  |                     |                |              |

**Rental of Interpretation Booths**

| NUMBER OF BOOTHS | NUMBER OF DAYS | COST PER DAY | TOTAL COST |
|------------------|----------------|--------------|------------|
|                  |                |              |            |
|                  |                |              |            |
|                  |                |              |            |
| TOTAL            |                |              |            |

**Translation Costs**

| LANGUAGE<br>TO<br><br>FROM | NUMBER<br>LINES<br><br>OF | COST PER LINE | TOTAL<br>LANGUAGE<br>PER |
|----------------------------|---------------------------|---------------|--------------------------|
|                            |                           |               |                          |
|                            |                           |               |                          |
|                            |                           |               |                          |
|                            |                           |               |                          |
| TOTAL                      |                           |               |                          |