



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 TRANSNATIONAL ACTIONS AIMED AT
COMBATING DISCRIMINATION AGAINST ELDERLY AND/OR
DISABLED PEOPLE”**

Form to be filled in and returned, both **signed and dated, by 28 May 1999 at the latest to:**

**EUROPEAN COMMISSION
ARCHIVES - COURRIER DG V
VP/1999/002
RUE DE LA LOI 200 -J 37 00/26
B-1049 BRUSSELS**

Please read carefully the “Criteria and conditions for submitting an application under call for proposals VP/1999/002” and the "Application form guide" 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 “Application form guide”. 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 submitting the application for the NGO *

* 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 (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 one of the national Official Journal/Gazette or other)

** Enclose a copy of the bylaws

1.7. List of members (non-profit associations)

*Which organisations may join the organisation as members?

1.8 Composition of the board of your organisation

1.9 Please specify staff of your organisation (include number and skill levels)

1.10 Previous experience of working in the field of combating discrimination against elderly and/or disabled people

1.11 Previous experience of co-operation with other organisations at European level (if applicable)

1.12 Previous subsidies obtained directly or indirectly in the course of the three preceding accounting periods from any European Community institutions, including proposals covered by an outstanding conditional contract under budget lines B3-4103 (social exclusion) and B3-4104 (older people), 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:

*** 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

1.12 Previous subsidies (cont.)

1.13 Has your organisation submitted, or does it intend to submit, an application in 1999 for support to other Commission services (including call for proposals aimed at combating social exclusion and promoting civil dialogue and co-operation with charitable associations) Please specify the DGs, the Community programme and the state of play of your contacts

2. Programme description and justification

TITLE OF THE ACTIVITY:

2.1 Main objectives of the proposed activity (explain in brief how they are relevant to the priorities set out in the guidelines and what results are expected)

2.2 Brief description of the programme, addressing the objectives identified above. A clear link between the two must be demonstrated

This description must include details of the proposed activity, the co-applicants, the partners, the beneficiaries, as well as dates and location of the activity

2.2 Description of the programme (cont.)

2.3 Planned activities: please briefly describe the activities for which financial support is requested, their goals, and the impact you expect to achieve

- **Type of activity** (study visit, seminar, conference, others)

- **Transnational dimension** of your activity

- What **specific issue** do you intend to address?

- Expected **results/outcomes**

Please specify what concrete outputs/products will result from your project in terms of preparation for Community activities to combat discrimination

- **Action location**

- **Please describe the European added-value and innovation of your activity**

Assessment of the added value is based on the results of the contribution of the project to preparation for Community activity to combat discrimination. Please describe how your project represents a 'plus' for Europe and indicate its innovative elements

- **Estimated total costs** **EURO**

- **Financial assistance requested**
from the Commission **EURO**

- **Other resources already**
secured for this project **EURO**

2.4 Provide details illustrating the mechanisms of consultation and information between the co-applicants

2.5 Dialogue and involvement of the organisation and/or its co-applicants with other actors involved in combating other areas of discrimination (public authorities, social partners, and other NGOs at local, regional, national or European level)

2.6 How will the activity results be evaluated?

Please indicate the type of evaluation envisaged for the project (self-evaluation, external evaluation, etc.) and who will be responsible for its co-ordination and collection of relevant data. If you intend to appoint an external evaluator, please name the person and/or organisation concerned. Specify the indicators/outputs on which you intend to base your assessment of the project's success. These should be concrete, usable and verifiable, e.g. number of meetings, number of persons present at seminars/conferences, number of reports/papers published, scope of information included on a website, etc. Please also be specific as regards the timing of activities and events

2.7 Dissemination of projects results: please describe how the Community visibility of the activity will be achieved, outside the project immediate partners - please specify target public, methods and timetable

3. Implementation schedule

3.1 Expected starting date (please remember that your work programme must be limited to one-year period starting on 1 October 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)

**** 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. Co-applicants

This section must be completed separately by each co-applicant

4.1. Principles of good co-operation

- All co-applicants have read the application form and understood what their role in the activity will be.
- The main applicant should regularly consult its co-applicants and should keep them fully informed of the progress of the activity.
- All co-applicants should receive three copies of the report - descriptive and financial - made to the European Commission.

4.2. Identity of the co-applicants

Each co-applicant must complete this section

4.2.1. Name (including abbreviated form)

4.2.2. Head Office address (including full postal address)

Telephone

Fax

4.2.3. Name and position of person responsible for the co-applicant organisation

4.2.4. Legal status (give date and full details of registration (for instance, reference of the publication in one of the national Official Journals/gazettes or other))

4.2.5. Board composition (if applicable)

4.2.6. Brief description of the aim of the co-applicant organisation (specify target groups or sectors if applicable)

4.2.7. Permanent staff (include number and skill levels)

4.2.8. Experience of working in the sector concerned

4.2.9. Previous experience of partnerships in the field of combating discrimination against elderly and/or disabled people (if applicable)

4.2.10. Previous subsidies obtained directly or indirectly in the course of the three preceding accounting periods from any European Community institutions, including proposals covered by an outstanding conditional contract under budget lines B3-4103 (social exclusion) and B3-4104 (older people), 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:

*** 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

4.2.10 Previous subsidies (cont.)

4.2.11 Has your organisation submitted, or does it intend to submit, an application in 1999 for support to other Commission services (including call for proposals aimed at combating social exclusion and promoting civil dialogue and co-operation with charitable associations). Please specify the DGs, the Community programme and the state of play of your contacts

4.3. Statement of good co-operation

Each co-applicant must complete this section

We have read and approved the contents of the activity submitted to the European Commission. We undertake to comply with the principles of good co-operation practice and to cooperate fully with the European Commission in their daily management of the activity.

Names of the co-applicant organisation

Name of the representative of the organisation submitting the application

Position

Date

Place

5. Declaration

On behalf of my organisation, I hereby declare that I have agreed to the basic conditions of participation in the 1999 Call for proposals for the provision of support for transnational actions aimed at combating discrimination against elderly and/or disabled people. 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

CHECK-LIST OF DOCUMENTS TO BE ATTACHED TO YOUR FORM (INCLUDING BUDGET)

Incomplete files will be automatically rejected.

Your attention is drawn to the fact that you are requested to submit to the Commission 1 cover letter, 2 complete files including all additional documents (application form including budget, balance sheet, 1998 activity report, statutes, letter(s) of commitment) plus a further 3 copies of the application form including budget.

Do not enclose annexes other than those requested in the “Application form guide” under “Supporting documents to be annexed to the request for subsidy”. Surplus documents will be neither considered nor returned.

N°	CONTENTS OF APPLICATION	NUMBER OF COPIES
1	Cover letter to the Commission	1
2	Application form signed and dated (incl. budget and bank form signed and dated) (annex A)	5
3	1998 Activity report of the main applicant organisation (or brief summary)	2
4	1998 Balance sheet or equivalent information	2
5	Statutes of the main applicant	2
6	Letter(s) of commitment as proof of co-financing	2

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

The following financial identification bank ID form can only be filled in once printed out

**FINANCIAL IDENTIFICATION
UNITED KINGDON / IRELAND**

ACCOUNTHOLDER	
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"/>

BANK	
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"/>

BENEFICIARY (only if different from accountholder)	
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 transnational activities to be subsidised aimed at combating discrimination
against elderly and/or disabled people**

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 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> 1) Estimation of "in kind" contributions 2) Costs of staff assigned to the project 3) Travel and subsistence costs 4) Different services (printing, publication, translation, interpretation, subcontracting) 5) Administrative costs (equipment costs, rental and associated costs) 6) Contingency reserve <u>Chapter II: Indirect eligible costs</u> (such as heating, lighting, stationery, telephone etc)		1) Estimation of "in kind" contributions 2) Direct receipts resulting from the project (such as fees, document sales) 3) Own contribution of the applicant 4) Contribution requested from the Commission by the present application 5) Contribution from other organisations (public, private etc) if applicable, please specify	
TOTAL		TOTAL	

Name of the applicant

Name of representative of the organisation signing the application

Date

Signature

DETAILS OF ESTIMATED EXPENDITURE

CHAPTER I: DIRECT COSTS

PART I: CONTRIBUTIONS IN KIND (please specify your contributions in kind together with proof of their occurrence)

PART II: PERSONNEL COSTS

NAME	FUNCTION	STATUS ¹	MONTHLY SALARY COST ²	DURATION (in working days)	TOTAL
TOTAL					

¹ permanent personnel or personnel recruited for the duration of the project

² Monthly gross salary including social security charges, excluding all other expenses

PART III : TRAVEL AND SUBSISTENCE EXPENSES

DESTINATION	N° OF PERSONS	TRAVEL COSTS	MEANS OF TRANSPORT	SUBSISTENCE COSTS	NUMBER OF DAYS	TOTAL
TOTAL						

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
TOTAL			

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

TYPE OF EQUIPMENT	UNIT COST	QUANTITY	ELIGIBLE COST (DEPRECIATION)	TOTAL
TOTAL				

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

NATURE OF COSTS	QUANTITY	UNIT COST	TOTAL COST
TOTAL			

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 activities foreseen 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 TO FROM	NUMBER LINES	OF	COST PER LINE	TOTAL LANGUAGE PER
TOTAL				