



A. 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 Technical Guidelines for e-Forms.

For more information on the award criteria according to which the quality assessment of this application will be done please refer to the Programme Guide.

B. Context

Programme	Erasmus+
Key Action	Learning Mobility of Individuals
Action	Mobility of learners and staff
Action Type	Youth mobility
Call	2016
Round	Round 1
Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time)	02-02-2016 12:00:00
Language used to fill in the form	Bulgarian

B.1. Project Identification

Project Title	
Project Acronym	
Project Start Date (dd-mm-yyyy)	01-05-2016
Project Total Duration (Months)	24 months
Project End Date (dd-mm-yyyy)	30-04-2018
Applicant Organisation Full Legal Name (Latin characters)	

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Erasmus+

Application Form

Call: 2016

KA1 - Learning Mobility of Individuals

Youth mobility

Form Version: 3.02

Form hash code



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B.2. National Agency of the Applicant Organisation

Identification

AT02 (ÖSTERREICH)

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

http://ec.europa.eu/education/erasmus-plus/national-agencies_en.htm

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C. Participating organisation(s)

C.1. Applicant Organisation

PIC	<input type="text"/>
Full legal name (National Language)	<input type="text"/>
Full legal name (Latin characters)	<input type="text"/>
Acronym	<input type="text"/>
National ID (if applicable)	<input type="text"/>
Department (if applicable)	<input type="text"/>
Address	<input type="text"/>
Country	<input type="text"/>
Region	<input type="text"/>
P.O. Box	<input type="text"/>
Post Code	<input type="text"/>
CEDEX	<input type="text"/>
City	<input type="text"/>
Website	<input type="text"/>
Email	<input type="text"/>
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Fax	<input type="text"/>

C.1.1. Profile

Type of Organisation	<input type="text"/>
Is your organisation a public body?	<input type="text"/>
Is your organisation a non-profit?	<input type="text"/>
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?	<input type="text"/>

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C.1.2. Accreditation

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

Accreditation Type	Accreditation Reference

C.1.3. Background and Experience

Please briefly present your organisation.

[Redacted text area]

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

[Redacted text area]

Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.

[Redacted text area]

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

Yes

Please indicate:

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

C.1.4. Legal Representative

Title

Gender

First Name

Family Name

Department

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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

C.1.5. Contact Person

Title

Gender

First Name

Family Name

Department

Position

Email

Telephone 1

OLS Contact Person?

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

Address

Country

Region

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P.O. Box

Post Code

CEDEX

City

Telephone 2

Sample



C.2. Partner Organisation

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

C.2.1. Profile

Type of Organisation

Is the partner organisation a public body?

Is the partner organisation a non-profit?

C.2.2. Accreditation

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

Accreditation Type	Accreditation Reference



C.2.3. Background and Experience

Please briefly present the partner organisation.

[Redacted text box]

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

[Redacted text box]

Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.

[Redacted text box]

C.2.4. Legal Representative

Title	[Redacted]
Gender	[Redacted]
First Name	[Redacted]
Family Name	[Redacted]
Department	[Redacted]
Position	[Redacted]
Email	[Redacted]
Telephone 1	[Redacted]

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

Address	[Redacted]
Country	[Redacted]
Region	[Redacted]
P.O. Box	[Redacted]
Post Code	[Redacted]

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CEDEX

City

Telephone 2

C.2.5. 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

Post Code

CEDEX

City

Telephone 2



D. Description of the Project

Why do you want to carry out this project? What are its objectives? How does it link to the objectives of the Erasmus+ programme and this specific key action? 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 to the project? Please also describe how the project meets the needs and objectives of your partners.

What are the most relevant topics addressed by your project?

Sample



E. Participants' Profile

Please describe for each planned activity the background and needs of the participants involved and how these participants have been or will be selected. If there are participants with fewer opportunities please give information about their profile/background.

[Redacted text area]

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

[Redacted text area]

E.1. Participants with Fewer Opportunities

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

Yes

Which types of situations are these participants facing?

[Redacted text area]

E.2. Learning Outcomes

Which learning outcomes (i.e. knowledge, skills and competencies) or competences (i.e. knowledge, skills and attitudes/behaviours) are to be acquired/improved by participants in each planned activity of your project?

[Redacted text area]

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?

[Redacted text area]

How will you use the European/national instrument(s)/certificate(s) selected? How will you ensure an awareness and reflection of the participants on their learning process and competences developed in the project? Please remember to include the methods that support reflection and documentation of the learning outcomes in the daily timetable of each activity.



Sample



F. Preparation

Please describe for each planned activity what will be done in preparation, by your organisation and, if relevant, by your partners and/or consortium members before the main activities take place.

F.1. Practical Arrangements

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

[Redacted area for F.1. Practical Arrangements]

F.2. Project Management

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

[Redacted area for F.2. Project Management]

F.3. 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?

[Redacted area for F.3. Preparation of Participants]

Sample



G. Main Activities

Please explain the context and objectives of the activities you are planning and in which way they meet the objectives of the project.

What are the basic elements of those activities? 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/or consortium members and other relevant stakeholders?

If there is the need for any additional support like accompanying person, reinforced mentorship etc., please, explain this need.

Sample



G.1. Activities' Details

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

Activity No.		A1													
Activity Type		Advance Planning Visit – EVS													
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)		
1															
							Total								
Activity No.		A2													
Activity Type		Advance Planning Visit – Youth Exchange													
Flow No.	Group	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	Group Leaders/ Trainers/ Facilitators (out of total number of Participants)
1															
							Total								

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Activity No.													A3	
Activity Type													European Voluntary Service - Partner Countries	
Is this a long-term activity?													No	
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	
1														
							Total							

Activity No.													A4	
Activity Type													European Voluntary Service - Partner Countries	
Is this a long-term activity?													Yes	
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	
1														
							Total							

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Activity No.		A5											
Activity Type		European Voluntary Service - Programme Countries											
Is this a long-term activity?		No											
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)
1													
							Total						

Activity No.		A6											
Activity Type		European Voluntary Service - Programme Countries											
Is this a long-term activity?		Yes											
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)
1													
							Total						

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Activity No.				A7										
Activity Type				Mobility of youth workers - Partner Countries										
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	Group Leaders/ Trainers/ Facilitators (out of total number of Participants)
1														
Total														

Activity No.				A8										
Activity Type				Mobility of youth workers - Programme Countries										
Flow No.	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	Group Leaders/ Trainers/ Facilitators (out of total number of Participants)
1														
Total														

Activity No.				A9										
Activity Type				Youth Exchanges - Partner Countries										

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Flow No.	Group	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	Group Leaders/ Trainers/ Facilitators (out of total number of Participants)
1															
Total															

Activity No.				A10											
Activity Type				Youth Exchanges - Programme Countries											
Flow No.	Group	Country of Origin	Country of Destination	Venue (City)	Distance Band	Start Date	End Date	Total Duration Excluding Travel (days)	Travel Days	Total Duration Including Travel (days)	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)	Group Leaders/ Trainers/ Facilitators (out of total number of Participants)
1															
Total															

Please attach a timetable for each activity (including advance planning visits) in section "Annexes" of this form.

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G.1.1. Summary of Activities and Participants

Activity Type	No. of Activities	No. of Participants	Participants with Fewer Opportunities (out of total number of Participants)
Advance Planning Visit – EVS	1	0	
Advance Planning Visit – Youth Exchange	1	0	
European Voluntary Service - Partner Countries	2	0	
European Voluntary Service - Programme Countries	2	0	
Mobility of youth workers - Partner Countries	1	0	
Mobility of youth workers - Programme Countries	1	0	
Youth Exchanges - Partner Countries	1	0	
Youth Exchanges - Programme Countries	1	0	
Total	10	0	

Sample



H. Follow-up

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

H.1. Impact

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

[Redacted area for expected impact]

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

[Redacted area for desired impact]

H.2. Dissemination of projects' results

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

[Redacted area for dissemination activities]

H.3. Evaluation

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

[Redacted area for evaluation activities]



I. 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.

I.1. Travel

Activity No.	Activity Type	Flow No.	Country of Origin	Country of Destination	Distance Band	No. of Participants (including accompanying persons)	Travel Grant per Participant	Total Travel Grant Requested
A1	Advance Planning Visit – EVS	1						
A2	Advance Planning Visit – Youth Exchange	1						
A3	European Voluntary Service - Partner Countries	1						
A4	European Voluntary Service - Partner Countries	1						
A5	European Voluntary Service - Programme Countries	1						
A6	European Voluntary Service - Programme Countries	1						
A7	Mobility of youth workers - Partner Countries	1						
A8	Mobility of youth workers - Programme Countries	1						
A9	Youth Exchanges - Partner Countries	1						
A10	Youth Exchanges - Programme Countries	1						
Total								

I.2. Individual Support

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Activity No.	Activity Type	Flow No.	Country of Destination	Participants (Excluding Accompanying Persons)			Total Grant Requested
				Duration per Participant (days)	No. of Participants (Excluding Accompanying Persons)	Grant per Participant	
A3	European Voluntary Service - Partner Countries	1					
A4	European Voluntary Service - Partner Countries	1					
A5	European Voluntary Service - Programme Countries	1					
A6	European Voluntary Service - Programme Countries	1					
Total							

I.3. Organisational Support

Activity No.	Activity Type	Flow No.	Country of Destination	Total Duration (days)	No. of Participants	Grant per Participant/Day	Total Grant Requested
A3	European Voluntary Service - Partner Countries	1					
A4	European Voluntary Service - Partner Countries	1					
A5	European Voluntary Service - Programme Countries	1					
A6	European Voluntary Service - Programme Countries	1					
A7	Mobility of youth workers - Partner Countries	1					
A8	Mobility of youth workers - Programme Countries	1					
A9	Youth Exchanges - Partner Countries	1					
A10	Youth Exchanges - Programme Countries	1					
Total							

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I.4. Linguistic Support

I.4.1. Linguistic Assessment

Online linguistic assessment is obligatory for all the EVS participants using either German, English, Spanish, French, Italian, Dutch, Czech, Danish, Greek, Polish, Portuguese or Swedish as a foreign language during mobility activities from 2 to 12 months.

Number of participants that will do their mobility using English, French, Italian, Spanish, German, Dutch, Swedish, Czech, Danish, Greek, Polish or Portuguese.

Empty pink rectangular box for input.

I.4.2. Language Course

You can apply for support for language learning for your participants. Support for language learning is available for participants of European Voluntary Service (EVS) activities lasting from 2 to 12 months, either through access to language courses through the online linguistic support (for languages in group 1 below), or through a grant for languages/levels that are not available as online language courses (for languages in group 2 below). Please carefully choose for which language you are applying for support.

Language Group	No. of Participants for language learning	Grant per Participant	Total Grant Requested
Group 1 (German, English, Spanish, French, Italian, Dutch)			
Group 2 (Other languages not included in group 1)			
Total		Total	0.00

I.5. Special needs' Support

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

I.6. Exceptional Costs

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

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

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J. 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.

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Please provide a translation in English.

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J.1. Summary of participating organisations

Name of the Organisation	Country of the Organisation	Type of Organisation
Total number of participating organisations excluding consortium members where applicable		2

Sample



J.2. 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
A1	Advance Planning Visit – EVS	0.00					0.00
A2	Advance Planning Visit – Youth Exchange	0.00					0.00
A3	European Voluntary Service - Partner Countries	0.00	0.00	0.00			0.00
A4	European Voluntary Service - Partner Countries	0.00	0.00	0.00			0.00
A5	European Voluntary Service - Programme Countries	0.00	0.00	0.00			0.00
A6	European Voluntary Service - Programme Countries	0.00	0.00	0.00			0.00
A7	Mobility of youth workers - Partner Countries	0.00		0.00			0.00
A8	Mobility of youth workers - Programme Countries	0.00		0.00			0.00
A9	Youth Exchanges - Partner Countries	0.00		0.00			0.00
A10	Youth Exchanges - Programme Countries	0.00		0.00			0.00
	Total	0.00	0.00	0.00			0.00

Linguistic Support	0.00
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J.2.1. Project Total Grant

Grant Calculated	0.00
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K. Checklist

Before submitting online 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.
- you have chosen the correct 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 each activity.
- 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.

Sample



L. 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, the management of the administrative and financial aspects of the project if selected and the dissemination of results through appropriate Erasmus+ IT tools. For the latter, as regards the details of the contact persons, an unambiguous consent will be requested.
- 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 (see link below) associated with this form.

http://ec.europa.eu/programmes/erasmus-plus/documents/epluslink-efoms-privacy_en.htm

Sample



M. Declaration of Honour

To be signed by the person legally authorised to enter into legally binding commitments on behalf of the applicant organisation. Once signed it must be scanned and annexed to this application form.

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 109(1) of the Financial regulations (Council Regulation 966/2012).

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:

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- 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):	

Sample



O. Submission

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

O.1. Data Validation

Validation of compulsory fields and rules

O.2. Standard Submission Procedure

Online submission (requires internet connection)

O.3. Alternative Submission Procedure

If you cannot submit your form online you can still do it by sending an email to your National Agency within the 2 hours following the official 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.

O.4. Submission Summary

This form has not been submitted yet.

O.5. Form Printing

Print the entire form

Sample