**STANDARD GRANT APPLICATION FORM**

**FOR ‘*GRANTS FOR AN ACTION’***

*(****Multibeneficiary)***

|  |
| --- |
| **PROGRAMME CONCERNED** |
| Preparation and implementation of a course on the EU and on EU Cohesion policy for higher education institutions teaching journalism |
| **REFERENCE NUMBER OF THE CALL FOR PROPOSALS** |
| 2021CE160AT144 |
| **SUMMARY OF THE APPLICATION** |
| Title: |
| Identity of the Coordinator (Applicant No 1): |
| Summary of the action and the expected results:  *[Please state here* ***in brief*** *what the project is about and what its expected deliverables are]* |
| Duration (in months): |
| Requested amount (in €): |

Before filling in this form, please read carefully the relevant call for proposals and any other reference documents related to this grants programme available on our site <https://ec.europa.eu/regional_policy/en/newsroom/funding-opportunities/calls-for-proposal/>

Please make sure that your application:

* is submitted on the correct form, completed in full and dated;
* is signed by the person authorised to enter into legally binding commitments on behalf of the applicant;
* presents a budget in conformity with the funding rules;
* meets the submission arrangements set out in the call;
* is submitted by the deadline.

The evaluation committee or, where appropriate, the authorising officer responsible may ask an applicant to provide additional information or to clarify the supporting documents submitted in connection with the application, provided that such information or clarification does not substantially change the proposal.

By submitting an application the applicant accepts that in case of award certain data like the name, locality and amount (amongst others) will be published.

No information will be published for scholarships aid to natural persons and other direct support paid to natural persons in most need.

**I. INFORMATION ON THE APPLICANT**S

|  |
| --- |
| **1 REFERENCES OF THE APPLICANTS** |

1.1 Coordinator (Applicant No 1)

|  |
| --- |
| **1.1.1 IDENTITY OF THE APPLICANT** |
| Official name in full: |
| Acronym:  (if applicable) |
| Official legal form:  (Not applicable if the applicant is a natural person) |
| Legal personality[[1]](#footnote-1):  (Reply by "YES" or "NO").  (In case you answered with "NO"):  For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf: |
| Place of establishment or registration:  (Address and country) |
| Entity registration number:  (Not applicable if the applicant is a public-sector body. For natural persons, the applicant should indicate the number of his/her identity card or, failing that, of his passport or equivalent.) |
| VAT number (if applicable): |

The legal details will be indicated in the Legal Entity Form (LEF) which will be provided only once the applicant has been informed of the results of the evaluation of the proposals

|  |
| --- |
| **1.1.2 CONTACT DETAILS** |
| Street address: |
| Postcode: |
| City: |
| Region (if applicable): |
| Country: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |
| Website: |

Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the Authorising Officer. The Authorising officer will not be held responsible in the event that it cannot contact an applicant**.**

|  |
| --- |
| **1.1.3 CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL** |
| Family name: First Name: |
| Position/Function: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |

|  |
| --- |
| **1.1.4 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE AGREEMENT)** |
| Family name: First Name: |
| Position/Function/Mandate: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |

1.2 Applicant No 2 (Repeat this part as often as is required to include all applicants)*.*

|  |
| --- |
| **1.2.1 IDENTITY OF THE APPLICANT** |
| Official name in full: |
| Acronym:  (if applicable) |
| Official legal form:  (Not applicable if the applicant is a natural person) |
| Legal personality[[2]](#footnote-2):  (Reply by "YES" or "NO")  (In case you answered with "NO"):  For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf: |
| Place of establishment or registration:  (Address and country) |
| Entity registration number:  (Not applicable if the applicant is a public-sector body. For natural persons, the applicant should indicate the number of his/her identity card or, failing that, of his passport or equivalent) |
| VAT number (if applicable): |

The legal details will be indicated in the Legal Entity Form (LEF) which will be provided only once the applicant has been informed of the results of the evaluation of the proposals

|  |
| --- |
| **1.2.2 CONTACT DETAILS** |
| Street address: |
| Postcode: |
| City: |
| Region (if applicable): |
| Country: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |
| Website: |

Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the Authorising Officer. The Authorising Officer will not be held responsible in the event that it cannot contact an applicant**.**

|  |
| --- |
| **1.2.3 CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL** |
| Family name: First Name: |
| Position/Function: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |

|  |
| --- |
| **1.2.4 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE AGREEMENT)** |
| Family name: First Name: |
| Position/Function/Mandate: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |

1.3 Affiliated Entity No 1 (Repeat this part as often as is required to include all affiliated entities)*.*

|  |
| --- |
| **1.3.1 IDENTITY OF THE AFFILIATED ENTITY**  **(**This box shall be filled in by all affiliated entities, including the case where several entities satisfy the criteria for being awarded a grant and together form ONE entity, to be treated as thesole beneficiary.**)** |
| Official name in full: |
| Acronym:  (if applicable) |
| Official legal form:  (Not applicable if the applicant is a natural person) |
| Legal personality[[3]](#footnote-3):  (Reply by "YES" or "NO"):  (In case you answered with "NO"):  For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf: |
| Place of establishment or registration:  (Address and country) |
| Entity registration number:  (Not applicable if the applicant is a public-sector body. For natural persons, the applicant should indicate the number of his/her identity card or, failing that, of his passport or equivalent.) |
| VAT number (if applicable): |
| Legal or capital link with the applicant, if applicable:  The applicant should provide a short description of the legal or capital link with the applicant and provide the statutory documents and/or consolidated accounts. |

|  |
| --- |
| **2 BANK DETAILS** |

The bank details will be indicated in the Bank Account Form (BAF) which will be provided only once the applicant has been informed of the results of the evaluation of the proposals.

|  |
| --- |
| **3 PROFILE OF THE APPLICANTS** |

3.1 Coordinator (Applicant No 1)

|  |
| --- |
| **PROFILE OF THE Coordinator (Applicant No 1) — GENERAL AIMS AND ACTIVITIES** |
| Year of foundation: |
| The entity shall state his legal status by ticking one or several options  Public body  International Organisation  Non-profit making organisation  Social Partner  Educational and training establishment  Research Centre/Institute  Other (please specify)  SME  Natural Persons |
| The Coordinator (Applicant No 1) should provide a short description of the organisation/group/consortium including affiliated entities. Where appropriate include information on membership, with respect to the eligibility criteria indicated in the specific call. |

3.2 Applicant No 2 (Repeat this part as often as is required to include all applicants)

|  |
| --- |
| **PROFILE OF THE APPLICANT — GENERAL AIMS AND ACTIVITIES** |
| Year of foundation: |
| The entity shall state his legal status by ticking one or several options  Public body  International Organisation  Non-profit making organisation  Social Partner  Educational and training establishment  Research Centre/Institute  Others (please specify)  SME  Natural Persons |

3.3 Affiliated Entity No 1 (Repeat this part as often as is required to include all affiliated entities)

|  |
| --- |
| **PROFILE OF THE AFFILIATED ENTITY No 1 — GENERAL AIMS AND ACTIVITIES** |
| Year of foundation: |
| The entity shall state his legal status by ticking one or several options  Public body  International Organisation  Non-profit making organisation  Social Partner  Educational and training establishment  Research Centre/Institute  Others (please specify)  SME  Natural Persons |

|  |
| --- |
| **4 INFORMATION ON THE GOVERNANCE OF THE APPLICANTS** |

4.1 Coordinator (Applicant No 1)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| **4.1.1 APPLICANT’S STRUCTURE**  List the organisations and/or natural persons holding capital or shares in the applicant, where appropriate specifying the proportion held (insert rows if necessary) | | |
| **Organisation/Natural person** | | **Proportion held** |
|  | |  |
|  | |  |
|  | |  |
|  | | |  |
| **4.1.2 APPLICANT’S MANAGEMENT**  List the members of the applicant’s administrative board or equivalent body, specifying their profession and position (insert rows if necessary) | | |
| **Member** | **Profession/Position** | |
|  |  | |
|  |  | |
|  |  | |

4.2 Applicant No 2 (Repeat this part as often as is required to include all applicants)

|  |  |
| --- | --- |
| **4.2.1 APPLICANT’S STRUCTURE**  List the organisations and/or natural persons holding capital or shares in the applicant, where appropriate specifying the proportion held (insert rows if necessary) | |
| **Member** | **Profession/Position** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **4.2.2 APPLICANT’S MANAGEMENT**  List the members of the applicant’s administrative board or equivalent body, specifying their profession and position (insert rows if necessary) | |
| **Member** | **Profession/Position** |
|  |  |
|  |  |
|  |  |

**II. OPERATIONAL AND FINANCIAL CAPACITY**

|  |
| --- |
| **1 OPERATIONAL CAPACITY** |

1.1 Coordinator (Applicant No 1)

|  |
| --- |
| **OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION OF THE APPLICANT** |
| The applicant should provide a description of its relevant competences and **previous** experiences as well as those of the key staff who will be involved in the project (according to their profiles or CVs) as a proof of its capacity to implement the action effectively.  *If appropriate the following could be used:* |
| Name of the applicant: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project title:** | | **Sector** | | |
| **Location of the action** | **Amount of the action (EUR)** | **Role in the action: Coordinator, co-applicant, affiliated entity** | **Budgetary share in the project** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Objectives and results of the action** | |  | | |

1.2 Applicant No 2 (Repeat this part as often as is required to include all applicants)

|  |
| --- |
| **OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION OF THE APPLICANT** |
| The applicant should provide a description of its relevant competences and **previous** experiences as well as those of the key staff who will be involved in the project (according to their profiles or CVs) as a proof of its capacity to implement the action effectively.  *If appropriate the following could be used:* |
| Name of the applicant: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project title:** | | **Sector** | | |
| **Location of the action** | **Amount of the action (EUR)** | **Role in the action: Coordinator, co-applicant, affiliated entity** | **Budgetary share in the project** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Objectives and results of the action** | |  | | |

1.3 Affiliated Entity No 1 (Repeat this part as often as is required to include all affiliated entities)

|  |
| --- |
| **OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION OF THE APPLICANT** |
| The applicant should provide a description of its relevant competences and **previous** experiences as well as those of the key staff who will be involved in the project (according to their profiles or CVs) as a proof of its capacity to implement the action effectively.  *If appropriate the following could be used:* |
| Name of the applicant: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project title:** | | **Sector** | | |
| **Location of the action** | **Amount of the action (EUR)** | **Role in the action: Coordinator, co-applicant, affiliated entity** | **Budgetary share in the project** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Objectives and results of the action** | |  | | |

|  |
| --- |
| **2 FINANCIAL CAPACITY** |

|  |
| --- |
| **LEGAL NOTICE**  This section should not be filled in by applicants who are natural persons in receipt of scholarships or natural persons most in need and in receipt of direct support.  For grants of or below EUR 60 000 as well as for grants to public bodies and international organisations the only supporting document to be required is the Declaration of Honour provided in section 5.  Where the application concerns grants for an action for which the amount exceeds EUR 750 000 for each applicant, or operating grants which exceed EUR 100 000, an audit report produced by an approved external auditor must be submitted where it is available, *and always in case where a statutory audit is required by Union or national law* except for education and training establishments and, in case of agreements with a number of beneficiaries, beneficiaries who have accepted joint and several liabilities or who do not bear any financial responsibility*.* This report shall certify the accounts for the last two available financial years. If such audit report is not available, the applicant shall provide a self-declaration signed by the authorised representative certifying the validity of its accounts for up to the last three available financial years.  In case of Financial Framework Partnership Agreements (FFPA), this audit report must cover two financial years available and must be produced at the latest before the signature of the FFPA. |

2.1 Coordinator (Applicant No 1)

|  |
| --- |
| **PROOF OF FINANCIAL CAPACITY** |
| The applicant should provide the following documents as evidence of financial capacity:   * *Balance sheets or extracts from balance sheets for the last two financial years for which the accounts have been closed.* * *Profit and loss account for the last two financial years for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts.* |

*or*

|  |  |  |
| --- | --- | --- |
| **FINANCIAL CAPACITY OF THE COORDINATOR** | | |
| The applicant must show that it has sufficient and stable sources of funding to carry out the action throughout the entire period for which the action is planned and to participate in its funding. The indicators refer to the last two financial years for which accounts have been closed. | | |
|  | **Year N** | **Year N-1** |
| **Turnover or equivalent** |  |  |
| **Gross operating profit** |  |  |
| **Total liabilities** |  |  |
| **Equity or equivalent** |  |  |
| **Current asset** |  |  |
| **Short-term debt (<1 year)** |  |  |
| **Total payroll** |  |  |

2.2 Applicant No 2 (Repeat this part as often as is required to include all applicants)

|  |
| --- |
| **PROOF OF FINANCIAL CAPACITY** |
| The applicant should provide the following documents as evidence of financial capacity:   * *Balance sheets or extracts from balance sheets for the last two financial year for which the accounts have been closed.* * *Profit and loss account for the last two financial year for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts.* |

*or*

|  |  |  |
| --- | --- | --- |
| **FINANCIAL CAPACITY OF THE APPLICANT** | | |
| The applicant must show that it has sufficient and stable sources of funding to carry out the action throughout the entire period for which the action is planned and to participate in its funding. The indicators refer to the last two financial years for which accounts have been closed. | | |
|  | **Year N** | **Year N-1** |
| **Turnover or equivalent** |  |  |
| **Gross operating profit** |  |  |
| **Total liabilities** |  |  |
| **Equity or equivalent** |  |  |
| **Current asset** |  |  |
| **Short-term debt (<1 year)** |  |  |
| **Total payroll** |  |  |

2.3 Affiliated Entity No 1 (Repeat this part as often as is required to include all affiliated entities)

|  |
| --- |
| **PROOF OF FINANCIAL CAPACITY** (No 1 - to be repeated for each affiliated entity. This box shall ONLY be filled in the case where several entities satisfy the criteria for being awarded a grant and together form ONE entity, to be treated as thesole beneficiary) |
| The applicant should provide the following documents as evidence of financial capacity:   * *Balance sheets or extracts from balance sheets for the last two financial year for which the accounts have been closed.* * *Profit and loss account for the last two financial year for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts.* |

*or*

|  |  |  |
| --- | --- | --- |
| **FINANCIAL CAPACITY OF THE ENTITY** | | |
| The entity must show that it has sufficient and stable sources of funding to carry out the project throughout the entire period for which the action is planned. The indicators refer to the last two financial years for which accounts have been closed. | | |
|  | **Year N** | **Year N-1** |
| **Turnover or equivalent** |  |  |
| **Gross operating profit** |  |  |
| **Total liabilities** |  |  |
| **Equity or equivalent** |  |  |
| **Current asset** |  |  |
| **Short-term debt (<1 year)** |  |  |
| **Total payroll** |  |  |

**III. INFORMATION ON THE ACTION FOR WHICH THE GRANT IS REQUESTED**

|  |
| --- |
| **1 DESCRIPTION OF THE ACTION** |
| **Title:** |
| **Reference:** 2021CE160AT144 |
| **Regions / geographical areas covered by the actions:** |
| **a) General and specific objectives of the proposed actions**  The applicant should explain how the general and specific objectives of the proposed actions will contribute to the objectives and priorities of the call for proposals. |
| **b) Planned actions and expected results (in detail)**  The applicant should provide detailed information on all the measures proposed (including where they will be implemented and by whom) and all the expected results and deliverables.  The applicant should also explain which part of the action will be subcontracted (list of main activities to be carried out) as well as which activities will be undertaken by affiliated entities (if applicable). |
| **c) Added value compared to existing initiatives across the regions in Europe**  The applicant should explain in what way the proposed information measures have an added value in comparison to existing initiatives. |
| **d) Innovative character of the proposal**  The applicant should explain in what way the proposed information measures are innovative with regard to education materials and actions related to the EU and Cohesion policy, as well as opportunities for practical learning. |
| **e) Methodology**  The applicant should explain the methodology used to reach the objectives of the call for proposals, including methods to: prepare and produce teaching materials, monitor progress, ensure academic freedom, build technical solutions and evaluate the results of the project. |
| **f) Sustainability of the project’s results**  The applicant should mention any possibilities for continuation of the project beyond the requested period of EU support (including any structures which would allow the results of the action to continue). |
| **g) Reach and geographical coverage**  The applicant should provide the objectives of the project in terms of reach (expected number of students) and geographical coverage (number of covered educational institutions and number of Member States of origin of the educational institutions). |
| **h) Quality of the project management**  The applicant should describe the proposed coordination/supervision mechanisms and any potential quality control systems. The applicant should refer to any risks involved in the implementation of the proposed actions, how they might affect the objectives and outcomes of the action and how they could be mitigated. |
| **i) Organisation of the project team**  The applicant should provide information on the organisation of the team that will implement the project, including the allocation of tasks. |

|  |
| --- |
| **2 PLANNED DURATION OF THE ACTION (in months):** |
| **Planned duration of the action (in months):** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TIMETABLE FOR EACH STAGE OF THE ACTION SHOWING MAIN DATES AND EXPECTED RESULTS FOR EACH STAGE** (table to be repeated as many times as necessary) | | | | | | | | | | | | | |
|  | Semester 1 | | | | | | | Semester 2 | | | | | |
| Activity | | Month 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Preparation Activity 1 (title) | |  |  |  |  |  |  |  |  |  |  |  |  |
| Implementation Activity 1 (title) | |  |  |  |  |  |  |  |  |  |  |  |  |
| Preparation Activity 2 (title) | |  |  |  |  |  |  |  |  |  |  |  |  |
| Etc. | |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **LEGAL NOTICE**  Applicants are informed that, under the Financial Regulation applicable to the general budget of the European Union no grants may be awarded retrospectively for actions already completed. In those exceptional cases accepted by the Commission where applicants demonstrate the need to start the action or work programme before the agreement is signed or the decision notified, expenditure eligible for financing may not have been incurred before the grant application was lodged. |

|  |
| --- |
| **3 3 BUDGET** |
| Estimated Budget — Annex 1  Applications must include a detailed estimated budget in balance, in which all costs are given in euros. Applicants from countries outside the euro zone may use the monthly rate published on the Commission’s website at [www.ec.europa.eu/budget/inforeuro/](http://www.ec.europa.eu/budget/inforeuro/). |

**IV. ADDITIONAL FUNDING**

|  |
| --- |
| **1 UNION FUNDING** |

|  |
| --- |
| **1.1 APPLICATIONS AND/OR ONGOING FUNDING OF THE UNION** |
| Have any of the applicants or affiliated entities received or applied for any Union funding for the same action or part of the action or for its functioning during the same financial year?  NO  YES — Continue to the following table |

|  |  |  |
| --- | --- | --- |
| **APPLICATION, GRANT OR ANY OTHER EU FUNDING** — To be specified for each of the applications or obtained grants in the current or previous years (add columns if necessary) | | |
|  | **Programme 1** | **Programme 2** |
| **Title of the action (or part of the action)** |  |  |
| **Union Programme concerned** |  |  |
| **Union Institution or Body/Agency to which the application was submitted or which took the award decision** |  |  |
| **Year of award or application and duration of the operation** |  |  |
| **Value of the application, grant or other Union funding** |  |  |

|  |
| --- |
| **LEGAL NOTICE**  Applicants must inform the Commission department to which this application is submitted if any of the above-mentioned applications for funding made to other European Commission departments or Union Institutions or bodies/agencies has been approved by them after the submission of this grant application. |

|  |
| --- |
| **2 OTHER SOURCES OF EXTERNAL FUNDING — NON UNION** |
| 2.1 **SUPPORT AWARDED** |
| Have any of the applicants or any of the affiliated entities already received confirmation relating to any external funding for the action?  NO  YES — Continue to the following table |

|  |  |
| --- | --- |
| **CONTRIBUTIONS BY THIRD PARTIES**  The applicants should indicate the details of the third party following the model below — Third parties must be the same as those listed in the budget (add rows if necessary) | |
| **Third Party 1** |  |
| Official name in full |  |
| Official address |  |
| Estimated amount of funding to be provided for the operation |  |
| Conditions or reservations (if any) |  |

|  |
| --- |
| 2.2 **REQUESTED SUPPORT** |
| Have any of the applicants or any of the affiliated entities requested, applied or are awaiting confirmation relating to external funding for the action?  NO  YES — Continue to the following table |

|  |  |
| --- | --- |
| **DETAILS OF FUNDS REQUESTED —** The applicant should indicate the details of the requested funds following the model below (add rows if necessary) | |
| **Organisation/Entity Concerned 1** | |
| Name of the organisation |  |
| Official address |  |
| Requested amount |  |

If processing your reply to the call for proposals  involves the recording and processing of personal data (such as your name, address and CV), such data will be processed pursuant to Regulation (EU) 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC. Unless indicated otherwise, any personal data requested are required to evaluate your application in accordance with the call for proposals  and will be processed solely for that purpose by DG REGIO – Unit Budget and Financial Management. Details concerning the processing of your personal data are available on the privacy statement at: <https://ec.europa.eu/info/data-protection-public-procurement-procedures_en>.

Your personal data may be registered in the Early Detection and Exclusion System (EDES) if you are in one of the situations mentioned in Article 136 of the Financial Regulation. For more information, see the Privacy Statement on <http://ec.europa.eu/budget/library/explained/management/protecting/privacy_statement_edes_en.pdf>

Annexes: - Budget

- Declaration of honour by the applicant

- Statutory documents and consolidated accounts

**SIGNATURE**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Name[[4]](#footnote-4):** | **Signature:** |

**CHECKLIST FOR APPLICANTS**

|  |  |
| --- | --- |
| All sections of the application form have been filled in, where appropriate, in accordance with the guide for applicants or any other document provided as guidance related to the programme concerned. |  |
| The budget annex has been duly filled in and is attached. |  |
| Balance sheets or extracts from balance sheets for the last two financial years for which accounts have been closed have been included with the application form. |  |
| Profit and loss account for the last two financial years for which the accounts have been closed has been included with the application form. |  |
| The declaration of honour of the **coordinator** has been signed and attached. |  |
| The declaration(s) of honour of the **co-applicant(s)** has (have) been signed and attached. |  |
| The declaration(s) of honour of the **affiliated entity(ies)** has (have) been signed and attached. | Yes  N/A |

1. Legal personality is understood as applicant’s capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation. [↑](#footnote-ref-1)
2. Legal personality is understood as applicant’s capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation. [↑](#footnote-ref-2)
3. Legal personality is understood as applicant’s capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation. [↑](#footnote-ref-3)
4. Name of the person authorised to enter into legally binding commitments on behalf of the applicant [↑](#footnote-ref-4)