**STANDARD GRANT APPLICATION FORM FOR**

***‘GRANTS FOR AN ACTION’***

***(Monobeneficiary)***

|  |
| --- |
| **PROGRAMME CONCERNED** |
| **Empowering youth in the EU Outermost Regions – YOUTH 4 OUTERMOST REGIONS (#YOUTH4ORS)** |
| **REFERENCE NUMBER OF THE CALL FOR PROPOSALS** |
| **2022CE160AT291** |
| **SUMMARY OF THE APPLICATION** |
| Title: |
| Identity of the applicant: |
| Summary of the action :  *[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 a proposal the applicant accepts that in case of award certain data like its 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

|  |
| --- |
| **1 REFERENCES OF THE APPLICANT** |
| **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 sign contracts and 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 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.

|  |
| --- |
| **1.3 CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL** |
| Family name: First Name: |
| Position/Function: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |
| **1.4 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE AGREEMENT)** |
| Family name: First Name: |
| Position/Function/Mandate: |
| Telephone: Mobile: |
| Fax: |
| E-mail address: |

|  |
| --- |
| **1.5 IDENTITY OF THE AFFILIATED ENTITIES**  **(**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.**)** |
| 1.5.1 AFFILIATED ENTITY (No 1 - to be repeated for each affiliated entity) |
| 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 sign contracts and 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 affiliated entity 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 APPLICANT** |
| **3.1 PROFILE OF THE APPLICANT — GENERAL AIMS AND ACTIVITIES** |
| Year of foundation: |
| The applicant 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 applicant should provide a short description of the organisation/group including affiliated entities. Where appropriate include information on membership, with respect to the eligibility criteria indicated in the specific call. |

|  |
| --- |
| **3.2 PROFILE OF AFFILIATED ENTITY** (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)  **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 |

# II. OPERATIONAL AND FINANCIAL CAPACITY

|  |
| --- |
| **1 OPERATIONAL CAPACITY** |
| **1.1 OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION/ WORK PROGRAMME 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.  *(Repeat this table as is required to include all relevant experiences)* |
| Name of the applicant: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project title:** | | **Sector** | | |
| **Location of the action** | **Amount of the action (EUR)** | **Role in the action: Applicant, affiliated entity** | **Budgetary share in the project** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Objectives and results of the action** | |  | | |
| **Names of key staff members of the organisation:** | | Summary of relevant skills, languages (EN; ES, FR, PT), and experience, including where relevant a list of recent activities related to the domain of the proposal. | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |

|  |
| --- |
| **1.2 OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION/WORK PROGRAMME OF THE AFFILIATED ENTITY** (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 affiliated entity 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.  *(Repeat this table as is required to include all relevant experiences)* |
| Name of the applicant: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project title:** | | **Sector** | | |
| **Location of the action** | **Amount of the action (EUR)** | **Role in the action: Applicant, affiliated entity** | **Budgetary share in the project** | **Dates (from dd/mm/yyyy to dd/mm/yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Objectives and results of the action** | |  | | |
| **Names of key staff members of the organisation:** | | Summary of relevant skills, languages (EN; ES, FR, PT), and experience, including where relevant a list of recent activities related to the domain of the proposal. | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |

|  |
| --- |
| **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*.* 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. |

|  |  |  |
| --- | --- | --- |
| **2.1 PROOF OF FINANCIAL CAPACITY OF THE APPLICANT** | | |
| 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* | | |
| **2.1 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** |  |  |

|  |
| --- |
| **2.2 PROOF OF FINANCIAL CAPACITY OF THE AFFILIATED ENTITY** (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 affiliated entity 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 year for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts.* |

*or*

|  |  |  |
| --- | --- | --- |
| **2.2 FINANCIAL CAPACITY OF THE AFFILIATED ENTITY** (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 affiliated 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:** 2022CE160AT291 |
| **Regions / geographical areas covered by the actions:** |
| **a) Describe the general and specific objectives that the project** **aims to achieve:**  Explain how the general and specific objectives of the action will contribute to the objectives of the call for proposals. Describe the needs (challenges/problems the proposal intends to address and specify the target group(s) directly concerned by the proposal and its expected results. |
| **b) Describe the action** **(on the basis of the main activities planned) and where it will be implemented**  Define and describe all activities proposed and the working methodology to be used for achieving the project objectives. Explain how the project activities will lead to the achievement of the objectives and the delivery of the planned results. Where possible, specify related indicators, milestones to assess the project's achievements and expected impacts. |
| **c) Sustainability of the project’s achievements**  Explain how sustainability will be secured once the action has been completed. Describe which activities and results will be maintained after the end of the EU funding. |
| **d) Dissemination**  Present the dissemination plan and strategy applicable to your project results. Indicate (specifying the profile and quantifying the estimated number) to which target group(s) the project output /product /result will be disseminated. |
| **e) Impact and Citizen involvement**  Describe the expected impact of the project activities and the corresponding results on the participants, target groups and other relevant stakeholders. Specify if the impact is expected at local, national, European and/or international level. What mechanisms will be put in place in order to measure the impact? |
| **f) Quality control and Monitoring**  How will the project monitor the progress and the quality of the activities implemented and results achieved? Please describe the qualitative and quantitative indicators you will use. What are your plans for managing risks that could happen during the project (e.g. delays, budget, conflicts, etc.)? Please give information about the involved staff, as well as the timing and frequency of the monitoring activities. |

|  |
| --- |
| **2 PLANNED DURATION OF THE ACTION (in months):** |
| **Planned starting date:** |
| **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 and contributions 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** |
| Has the applicant or any of the 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 funding** |  |  |

|  |
| --- |
| **LEGAL NOTICE**  The applicant 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 is approved by them after the submission of this grant application. |

|  |
| --- |
| **2 OTHER SOURCES OF EXTERNAL FUNDING – NON UNION** |
| **2.1 SUPPORT AWARDED** |
| Has the applicant 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** |
| Has the applicant requested, applied or is awaiting confirmation relating to any external funding earmarked 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

- Audit certificate

Statutory documents and consolidated accounts

**SIGNATURE**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Name[[3]](#footnote-3):** | **Signature:** |

# CHECK-LIST FOR APPLICANTS

|  |  |
| --- | --- |
| All sections of the application form have been filled in, where appropriate, in accordance with the guide for applicant 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. |  |
| Declaration of honour **of the applicant** has been signed and attached. |  |
| Audit report by an approved external auditor on the accounts of the last financial year available has been included with the application form |  |
| The declaration(s) of honour of the **affiliated entity(ies)** has (have) been signed and attached. | Yes  N/A |
| For the **(at least 4) basin contact points**, a declaration on honour per basin contact point declaring they have already resided and will be residing in an outermost region during the whole project implementation. The declarations on honour must be signed by the respective basin contact point. |  |

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. Name of the person authorised to enter into legally binding commitments on behalf of the applicant [↑](#footnote-ref-3)