

***LIFE Technical Assistance***

**2015 TECHNICAL APPLICATION FORMS**

**The Financial Application Forms are contained in a separate file in Excel format.**

**LIFE Technical Assistance 2015 – A1**

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|  | logolife_wb2 | **LIFE 2015** |  |  | | | |
|  | **for ADMINISTRATION use only** | |  |  |
|  |  | |  |  |
| **LIFE15 TAE/TAC** |  |  |

**LIFE Technical Assistance project application**

Project title (max. 120 characters):

Project acronym (max. 25 characters):

The project will be implemented in the following Member State(s):

Name of the Member State: Name of the Region(s):

Expected start date: Expected end date:

Justification for any actions outside of the EU:

**list of BeneficiarIES**

Name of the **coordinating** beneficiary:

Name of the associated beneficiary:

Name of the associated beneficiary:

**Project Budget and REQuested EU funding**

Total project budget: €

Total eligible project budget: €

EU financial contribution requested: € ( = % of total eligible budget)

**LIFE Technical Assistance 2015 – A2**

**COORDINATING BENEFICIARY PROFILE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Coordinating Beneficiary Profile Information** | | | | | | | | | | | | | |
| **Legal Name** | | |  | | | | | | | | | | | |
| **Short Name**  **(max.10 characters)** | | |  | | | | | | **Legal Status – Public** | | | | |
| **VAT No** | | |  | | | | | |  | | | | |
| **Legal Registration No** | | |  | | | | | |
| **Registration Date** | | |  | | | | | |
| **Legal address of the Coordinating Beneficiary** | | | | | | | | | | | | | | |
| **Street Name and No** | |  | | | | | | | | | | **PO Box** |  | |
| **Post Code** | |  | | | **Town/City** | | |  | | | | | | |
| **Member State** | |  | | | | | | | | | | | | |
| **Coordinating Beneficiary contact person information** | | | | | | | | | | | | | | |
| **Function** | |  | | | | | | | | | | | | |
| **Surname** | |  | | | | | **First Name** | | | |  | | | |
| **E-mail address** | |  | | | | | | | | | | | | |
| **Department / Service** | |  | | | | | | | | | | | | |
| **Street Name and No** | |  | | | | | | | | | | **PO Box** |  | |
| **Post Code** | |  | | | **Town/City** | | |  | | | | | | |
| **Member State** | |  | | | | | | | | | | | | |
| Telephone No | |  | | | | **Fax No** | | | |  | | | | |
| **Website of the Coordinating Beneficiary** | | | | | | | | | | | | | | |
| **Website** | | | |  | | | | | | | | | | |

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| **Brief description of the Coordinating Beneficiary's activities and experience in the area of the proposal** |
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**LIFE Technical Assistance 2015 – A3a**

**COORDINATING BENEFICIARY DECLARATION**

The undersigned hereby certifies that:

1. The specific actions listed in this proposal do not and will not receive aid from the European Structural and Investment Funds or other European Union funding programmes. In the event that any such funding will be made available after the submission of the proposal or during the implementation of the project, my organisation will immediately inform the Contracting Authority.
2. My organisation has not been served with bankruptcy orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 106(1) and 107 of Council Regulation No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union (OJ L298 of 26.10.2012).
3. My organisation (which is legally registered in the European Union) will contribute … € to the project. My organisation will participate in the implementation of the following actions: . The estimated total cost of my organisation's part in the implementation of the project is €.
4. My organisation will conclude with the associated beneficiaries any agreements necessary for the completion of the work, provided these do not infringe on their obligations, as stated in the grant agreement with the Contracting Authority. Such agreements will be based on the model proposed by the Contracting Authority. They will describe clearly the tasks to be performed by each associated beneficiary and define the financial arrangements.
5. I confirm that my organisation does/will not get any financing for a Capacity Building project which covers at least a part of the period to be covered by the Technical Assistance project.

I am legally authorised to sign this statement on behalf of my organisation.

I have read in full the Model LIFE Grant Agreement with Special and General Conditions and the Financial Guidelines (provided with the LIFE application files).

I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At ................................................. on........................................................

Signature of the Coordinating Beneficiary:

Name(s) and status of signatory:

**LIFE Technical Assistance 2015 – A3b**

**PUBLIC BODY DECLARATION**

The undersigned hereby certifies that:

My organisation *(add organisation's name)* ………………………………………………is either

A. the State, or a regional or local authority,

or

B. a body governed by public law, or an association formed by one or more of such authorities or bodies governed by public law, or an entity registered as private law body wishing to be considered for the purpose of this call as equivalent to "public body"; **it** **fulfils all four following criteria** and will prove it by providing evidence upon first request:

1. it is established for the specific purpose of meeting needs in the general interest, not having an industrial or commercial character, and
2. it has a legal personality and
3. it is financed, for most part, by the State, or regional or local authorities, or other bodies governed by public law; or subject to management supervision by those bodies; or having an administrative, managerial or supervisory board, more than half of whose members are appointed by the State, regional or local authorities or by other bodies governed by public law, and
4. **in the event the organisation stops its activities, its rights and obligations, liability and debts will be transferred to a public body**.

It should be therefore considered a "public body" for the purpose of this LIFE 2014 call for proposals.

I am legally authorised to sign this statement on behalf of my organisation.

At ................................................. on........................................................

Signature of the Coordinating Beneficiary:

Name(s) and status of signatory: ......................................................................................

**LIFE Technical Assistance 2015 – A4**

**ASSOCIATED BENEFICIARY DECLARATION and MANDATE**

I, the undersigned,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1), representing Associated Beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, VAT number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if Private), registered at the address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as "the associated beneficiary", for the purposes of the signature and the implementation of the grant agreement number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with the Contracting Authority (hereinafter referred to as "the grant agreement") hereby:

1. Mandate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2), represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (hereinafter referred to as "the coordinating beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent amendments with the Contracting Authority.

2. Mandate the coordinating beneficiary to act on behalf of the associated beneficiary in compliance with the grant agreement.

I hereby confirm that the associated beneficiary accepts all terms and conditions of the grant agreement and, in particular, all provisions affecting the coordinating beneficiary and the associated beneficiaries. In particular, I acknowledge that, by virtue of this mandate, the coordinating beneficiary alone is entitled to receive funds from the Contracting Authority and distribute the amounts corresponding to the associated beneficiary's participation in the action.

I hereby accept that the associated beneficiary will do everything in its power to help the coordinating beneficiary fulfil its obligations under the grant agreement, and in particular, to provide to the coordinating beneficiary, on its request, whatever documents or information may be required.

I hereby declare that the associated beneficiary agrees that the provisions of the grant agreement, including this mandate, shall take precedence over any other agreement between the associated beneficiary and the coordinating beneficiary which may have an effect on the implementation of the grant agreement.

I furthermore certify that:

1. The associated beneficiary has not been served with bankruptcy orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 106(1) and 107 of Council Regulation No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union (OJ L298 of 26.10.2012).

2. The associated beneficiary will contribute \_\_\_\_\_\_\_\_\_€ to the project. My organisation will participate in the implementation of the following actions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The estimated total cost of my organisation's part in the implementation of the project is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_€.

3. The associated beneficiary will conclude with the coordinating beneficiary an agreement necessary for the completion of the work, provided this does not infringe on our obligations, as stated in the grant agreement with the Contracting Authority. This agreement will be based on the model proposed by the Contracting Authority. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.

This declaration and mandate shall be annexed to the grant agreement and shall form an integral part thereof.

I am legally authorised to sign this statement on behalf of my organisation. I have read in full Model LIFE Grant Agreement with Special and General Conditions and the Financial Guidelines (provided with the LIFE application files). I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At ................................................. on........................................................

Signature of the Associated Beneficiary:

Name(s) and status/function of signatory:

(1) Forename and surname of the legal representative of the future associated beneficiary signing this mandate.

(2) Name and address of Coordinating Beneficiary

**LIFE Technical Assistance 2015 – A5**

**ASSOCIATED BENEFICIARY PROFILE (complete for each Associated Beneficiary)**

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| --- |
| **Associated Beneficiary profile information** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Name** | |  | | | | | | | |
| **Short Name**  **(max. 10 characters)** | |  | | | **Legal Status** | | | | |
| **VAT No** | |  | | | **Public body**  **Private commercial**  **Private non-commercial** | | |  |  |
| **Legal Registration No** | |  | | |  |
| **Registration Date** | |  | | |  |
| **Legal address of the Associated Beneficiary** | | | | | | | | | |
| **Street Name and No** |  | | | | | **PO Box** |  | | |
| **Post Code** |  | | **Town/City** |  | | | | | |
| **Country** |  | | | | | | | | |
| **Website of the Associated Beneficiary** | | | | | | | | | |
| **Website** |  | | | | | | | | |

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| **Brief description of the Associated Beneficiary's activities and experience in the area of the proposal** |
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**LIFE Technical Assistance 2015 – A6**

**CO-FINANCER PROFILE AND COMMITMENT FORM**  **(Complete for each co-financer)**

|  |  |
| --- | --- |
| **Legal Name and full address on the co-financer** | |
|  | |
| **Financial commitment** | |
| **We will contribute the following amount to the project:** | **….. Euro** |
| **Status of the financial commitment** | |
|  | |
| **Signature of the authorised person** | |
| **Name and status of the authorised person (obligatory):** |  |
| **Date of the signature**  **(obligatory):** |  |
| **Authorised signature (obligatory):** |  |

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**LIFE Technical Assistance 2015 – B1**

**DESCRIPTION OF THE PROJECT** (to be completed in English)

**Project title:**

**Description of the project:**

**A actions (including name of the actions, description, reasons why, beneficiary responsible for implementation and the expected results):**

**B actions (including name of the actions, description, reasons why, beneficiary responsible for implementation and the expected results):**

**LIFE Technical Assistance 2015 – B2**

**DESCRIPTION OF THE PLANNED INTEGRATED PROJECT**

**Give a short summary of the Integrated Project to be submitted, including information on the action plan, strategy or roadmap. List name(s) and mandate(s) of entity/ies responsible for implementation of the Integrated Project to be submitted. Furthermore give concise information on how the involvement of the relevant stakeholders will be ensured.**

**LIFE Technical Assistance 2015 – B3**

**EXPECTED CONSTRAINTS and risks related to the project implementation and**

**how they will be dealt with (contingency planning)**

**LIFE Technical Assistance 2015 – C1**

**DELIVERABLE PRODUCTS OF THE PROJECT**

|  |  |  |
| --- | --- | --- |
| Name of the Deliverable | Number of the associated action | Deadline |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MILESTONES OF THE PROJECT**

|  |  |  |
| --- | --- | --- |
| Name of the Milestone | Number of the associated action | Deadline |
|  |  |  |
|  |  |  |
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**LIFE Technical Assistance 2015 – C2**

**TIMETABLE**

*List all actions ordered by number and using their numbers or names. Tick as appropriate.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Action** | **2015** | | **2016** | | | | | | | **2017** | | | | | | | |
| **Number/name** | **III** | **IV** | **I** | **II** | | | **III** | **IV** | | **I** | **II** | | **III** | | **IV** | | |
| **A. Implementation actions:** | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  | | |  |  | |  | |  |  | | |
|  |  |  |  |  | |  | | |  |  | |  | |  |  | | |
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| **B. Project management and monitoring of the project progress:** | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  | | |  |  | |  | |  | |  | |
|  |  |  |  | |  |  | | |  |  | |  | |  | |  | |

**ACTIVITY REPORTS and PAYMENT REQUESTS FORESEEN**

Please indicate the deadlines for the following reports:

* Progress Reports, if any (to ensure that the delay between consecutive reports does not exceed 18 months);
* Final Report (to be delivered within 3 months after the end of the project)
* Payment Request (to be submitted after submission of the IP application)

|  |  |
| --- | --- |
| Type of submission | Deadline |
|  |  |
|  |  |
|  |  |