



LIFE + Information and Communication

TECHNICAL APPLICATION FORMS

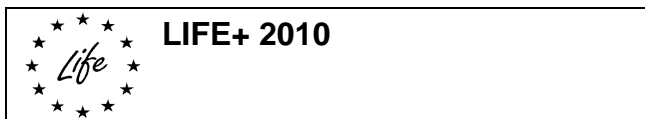
Part A – administrative information

NOTES:

There are 4 sets of LIFE+ "Information and Communications" application forms: A, B, C (technical forms) and F (financial forms). The financial forms are in a separate Excel file.

While filling in the technical forms A – C, please respect the standard A4 format.

Whenever several copies of one form 2010-XY needs to be produced, please use the following naming convention per page: 2010-XY/1; 2010-XY/2 etc.



FOR ADMINISTRATION USE ONLY

LIFE+ 10 INF/

PROJECT

Project title (max. 120 characters):

.....

Project acronym (max. 25 characters):

The project will be implemented in the following:

Country(ies)

Administrative region(s).....

Expected start date: Expected end date:

BENEFICIARIES

Name of the **coordinating** beneficiary (1):

Name of the associated beneficiary (2):

Name of the associated beneficiary (3):

Name of the associated beneficiary (4):

(Continue as necessary)

PROJECT BUDGET AND REQUESTED EC FUNDING

Total project budget: €

Total eligible project budget: €

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

PROJECT POLICY AREA

You can only tick one of the following options

1. National or transnational communication actions / awareness raising campaigns related to **nature protection or biodiversity matters**

2. National or transnational communication actions / awareness raising campaigns related to the implementation, updating and development of **EU environmental policy and legislation except nature protection and biodiversity matters**

3. Awareness raising campaigns for the **prevention of forest fires and/or training for forest fire agents**

LIFE+ Information and Communication 2010 – A2

Coordinating Beneficiary Profile Information				
Short Name		Beneficiary n°	1	
Legal information on the Coordinating Beneficiary				
Legal Name			Legal Status	
VAT No			Public body	
Legal Registration No			Private commercial	
Registration Date			Private non- commercial	
Legal address of the Coordinating Beneficiary				
Street Name and No			PO Box	
Post Code		Town/City		
Country Code		Country Name		
Coordinating Beneficiary contact person information				
Title		Function		
Surname			First Name	
E-mail address				
Department / Service				
Street Name and No			PO Box	
Post Code		Town/City		
Country				
Telephone No			Fax No	
Coordinating Beneficiary details				
Year				
Annual turnover		Annual Balance Sheet Total		
Number of employees				
Website				
Brief description of the Coordinating Beneficiary's activities and experience in the area of the proposal				



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 Structural Funds or other European Union financial instruments. 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 European Commission.
2. My organisation (*add name*) 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 93.1 and 94 of Council Regulation 1605/2002 of 25/06/2002 (OJ L248 of 16/09/2002).
3. My organisation (which is legally registered in the European Union) will contribute (add amount) € to the project. My organisation will participate in the implementation of the following actions (add action code(s)): The estimated total cost of my organisation's part in the implementation of the project is (add amount) €.
4. Should one or more associated beneficiary or co-financier reduce or withdraw its financial contribution, my organisation will ensure that a corresponding additional contribution is made available.
5. My organisation will conclude with the associated beneficiaries and co-financiers 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 European Commission. Such agreements will be based on the model proposed by the European Commission. They will describe clearly the tasks to be performed by each associated beneficiary and define the financial arrangements.
6. I am aware that my organisation is solely legally and financially responsible to the Commission for the implementation of the project (Article 4 of the Common Provisions).

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

I have read in full the Common Provisions (attached to the Model Grant Agreement 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:

ASSOCIATED BENEFICIARY DECLARATION (complete for each Associated Beneficiary)

The undersigned hereby certifies that:

1. My organisation (*add name*) 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 93.1 and 94 of Council Regulation 1605/2002 of 25/06/2002 (OJ L248 of 16/09/2002).
2. My organisation (which is legally registered in the European Union) will contribute (add amount) € to the project. My organisation will participate in the implementation of the following actions (add action code(s)): The estimated total cost of my organisation's part in the implementation of the project is (add amount) €.
3. My organisation 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 European Commission. This agreement will be based on the model proposed by the European Commission. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.
4. For the purposes of the implementation of the agreement regarding this project between the European Commission and the coordinating beneficiary:
 - a) My organisation grants power of attorney to the coordinating beneficiary, to act in our name and for our account in signing the above-mentioned agreement and its possible subsequent riders with the European Commission. Accordingly, my organisation hereby mandates the coordinating beneficiary to take full legal responsibility for the implementation of such an agreement.
 - b) My organisation hereby confirms that we have taken careful note of and accept all the provisions of the above agreement with the European Commission, in particular all provisions affecting my organisation and the coordinating beneficiary. In particular, my organisation acknowledges that, by virtue of this mandate, the co-ordinator alone is entitled to receive funds from the Commission and distribute to my organisation the amount corresponding to our participation in the action.
 - c) My organisation hereby agrees to do everything in our power to help the coordinating beneficiary fulfil his obligations under the above agreement. In particular, my organisation hereby agrees to provide him whatever documents or information may be required, as soon as possible after receiving his request.
 - d) The provisions of the above agreement, including this mandate, shall take precedence over any other agreement between my organisation and the coordinating beneficiary which may have an effect on the implementation of the above agreement between the coordinating beneficiary and the Commission.

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

I have read in full the Common Provisions (attached to the Model Grant Agreement 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 of signatory:

ASSOCIATED BENEFICIARY PROFILE (Complete for each Associated Beneficiary)

Associated Beneficiary profile information				
Short name				Beneficiary n°
Legal information on the Associated Beneficiary				
Legal Name			Legal Status	
VAT No			Public body	
Legal Registration No			Private commercial	
Registration Date			Private non-commercial	
Legal address of the Associated Beneficiary				
Street Name and No			PO Box	
Post Code		Town/City		
Country Code		Country Name		
Brief description of the Associated Beneficiary's activities and experience in the area of the proposal				

YOU MAY DUPLICATE THIS PAGE

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

Legal Name and full address on the co-financier	
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):	

YOU MAY DUPLICATE THIS PAGE

OTHER PROPOSALS SUBMITTED FOR EUROPEAN UNION FUNDING

Please answer each of the following questions :

- Have you or any of your associated beneficiaries already benefited from previous LIFE co-financing? (please cite LIFE project reference number, title, year, amount of the co-financing, duration, name(s) of coordinating beneficiary and/or partners involved):

- Have you or any of the associated beneficiaries submitted any actions related directly or indirectly to this project to other European Union financial instruments? To whom? When and with what results?

- For those actions which fall within the eligibility criteria for financing through other European Union financial instruments, please explain in detail why you consider that those actions nevertheless do not fall within the main scope of the instrument(s) in question and are therefore included in the current project.

DECLARATION OF SUPPORT FROM THE COMPETENT FOREST FIRE NATIONAL CENTRAL AUTHORITY

This form is **mandatory** for all **LIFE+ Information & Communication** project proposals aiming at contributing to **forest fire prevention**. [For transnational project proposals, the form must be filled in by the competent national authority of the coordinating beneficiary's country].

Name: [name of the national central authority]
[name of the department in national central authority]

Contact person: [name of the contact person in the national central authority]
[position/rank in the national central authority]

Full address: [street/P.O. Box]
[town]
[country]
[phone]
[Fax]
[E-mail]

Undertakes to support the following project: [project title]

Lead by: [name of coordinating beneficiary]

The National Central Authority [please tick appropriate box]:

Declares that the project is complementary to the national forest fire prevention plans

Person entitled to enter into legally binding commitments on behalf of the national central competent authority	Name:
	Status/title:
Signature	
Date	
Place	



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TECHNICAL APPLICATION FORMS

**Part B – Objectives and expected
results**

- All forms in this section may be lengthened, so as to include all essential information.

SUMMARY DESCRIPTION OF THE PROJECT (Max. 3 pages; to be completed in English)

Project title:

.....
.....
.....

Project objectives:

Key information / messages to be passed to target audience (in compliance with EU legislation and policy):

Actions and means involved:

Expected results (outputs and quantified achievements):

ENVIRONMENTAL PROBLEM TARGETED

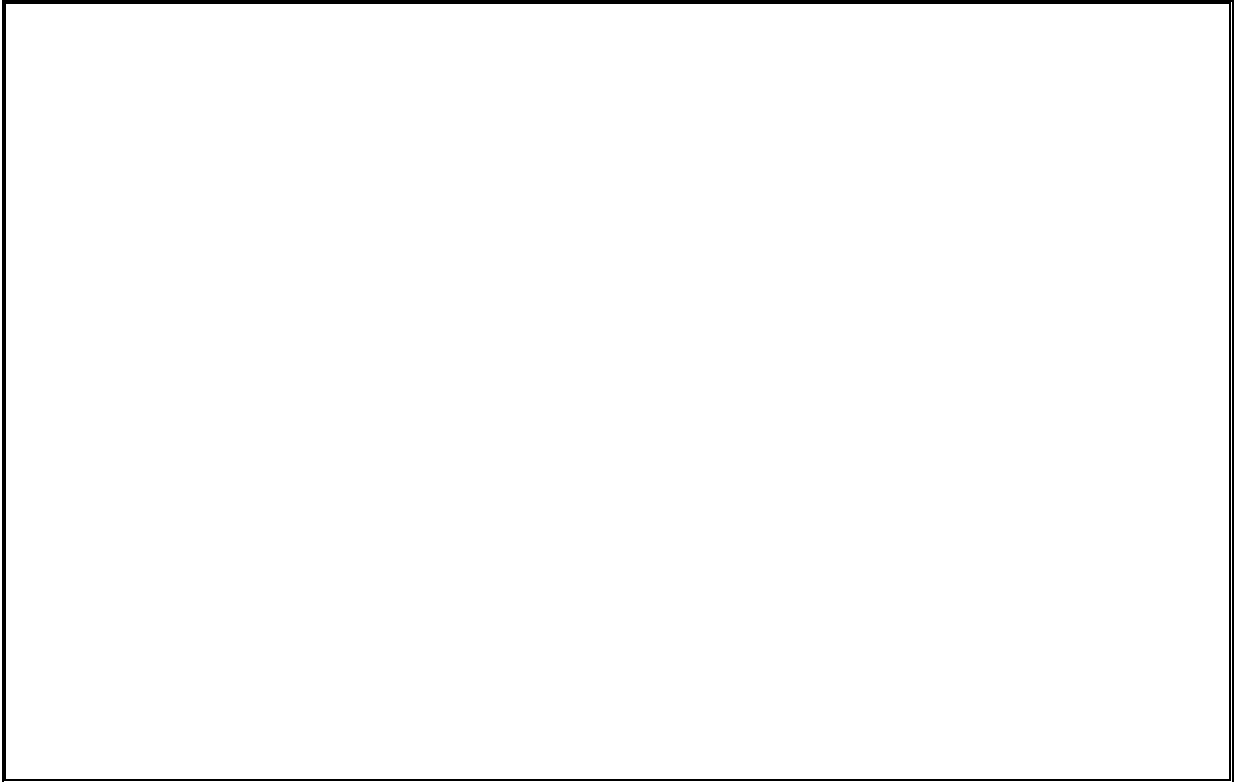
PREPARATORY WORK UNDERTAKEN ALREADY (SPECIFICALLY FOR THIS PROJECT)

PARTNERSHIP TECHNICAL CAPACITY (INCLUDING EXTERNAL ASSISTANCE SUPPORT)

Environmental experience:

Communication/training experience:

EU ADDED VALUE OF THE PROJECT AND ITS ACTIONS

A large, empty rectangular box with a black border, intended for the user to provide information regarding the EU added value of the project and its actions.

EFFORTS FOR REDUCING THE PROJECT'S "CARBON FOOTPRINT"

A large, empty rectangular box with a black border, intended for the user to describe the efforts made to reduce the project's carbon footprint.

**STAKEHOLDERS INVOLVED AND MAIN TARGET AUDIENCE OF THE PROJECT
(OTHER THAN PROJECT PARTICIPANTS)**

Stakeholders:

Main target audience:

**EXPECTED CONSTRAINTS AND RISKS RELATED TO PROJECT IMPLEMENTATION
AND HOW THEY WILL BE DEALT WITH (CONTINGENCY PLANNING)**

A large, empty rectangular box with a thin black border, occupying the majority of the page below the section header. It is intended for the user to provide details on expected constraints and risks related to project implementation, along with contingency planning.



LIFE + Information and Communication

TECHNICAL APPLICATION FORMS

**Part C – detailed technical description
of the proposed actions**

Important note:

- **All calculations and detailed cost breakdowns necessary to justify the cost of each action should be included in the financial forms F. In order to avoid repeating the financial information (with the risk of introducing incoherencies), Part C should only contain financial information not contained in the financial forms.**
- **All forms in this section may be duplicated, so as to include all essential information.**
- **Any action that is sub-contracted should be just as clearly described as an action that will be directly carried out by the beneficiaries.**

DETAILS OF PROPOSED ACTIONS

Please classify each of the project actions in one of the below categories:

A. Project management and monitoring of project progress (obligatory)

- A1. Project management
(Include a management organigram)
- A2. Monitoring of project progress
- A3. External audit
- A4. After-LIFE Communication plan.
- A5. Networking activities

B. Preparatory actions (if needed)

- B1.....
- B2.....
-

C. Communication actions / awareness raising campaigns

- C1.....
- C2.....
-

D. Training activities

- D1.....
- D2.....
-

E. Monitoring of the project impact on the main target audience and on the environmental problem targeted (obligatory)

- E1.....
-

F. Communication and dissemination of the project and its results (obligatory).

Obligatory activities:

F1. Project website

F2. LIFE+ information boards

F3. Layman's report.

Non obligatory activities:

F4.....

F5.....

For each action (e.g. A1, A2, B1, C1, etc) or set of actions specify the following (if relevant/applicable for the specific action):

ACTION A1: name of the action

Description (what, how, where and when):

Methods employed:

Constraints and assumptions:

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

Indicators of progress:

ACTION A2: etc...

DELIVERABLE PRODUCTS OF THE PROJECT

Name of the Deliverable	Code of the associated action	Deadline

MILESTONES OF THE PROJECT

Name of the Milestone	Code of the associated action	Deadline

ACTIVITY REPORTS FORESEEN

Please indicate the deadlines for the following reports:

- Inception Report (to be delivered within 9 months after the project start);
- Progress Reports n°1, n°2 etc. (if any; to ensure that the delay between consecutive reports does not exceed 18 months);
- Mid-term Report with payment request (only for project longer than 24 months)
- Final Report with payment request (to be delivered within 3 months after the end of the project)

Type of report	Deadline

