



Application Form – Call: 2018

KA2 – Cooperation for Innovation and the
Exchange of Good Practices

Erasmus+

DISCLAIMER

This document represents a template of an application form. It must not be used for real applications to a National Agency.

Please also note that the sections and questions presented below may ultimately differ from the electronic application form made available to applicant organisations. **We strongly advice check the questions carefully when filling in real application.**

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;
- Participating organisation(s): this section asks for information about the applicant organisation and about other participating organisations involved as partners in the project;
- Description of the project: this section asks for information about the stages of the project which should include: preparation, implementation and follow-up;
- Budget: in this section you will be asked to give information about the amount of the EU grant you request;
- Project Summary: In this section you should describe in a compact way your project's rational, objectives and how you intend to achieve these.
- Check List/Data Protection Notice/Declaration of Honour: in these sections, the applicant organisation 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 electronically.

For more information on how to fill in this application form, you can read the e-Forms Guideline.



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Context

| | |
|---|---|
| Programme | Erasmus+ |
| Key Action | Cooperation for Innovation and the Exchange of Good Practices |
| Action | Strategic Partnerships |
| Which field is the most impacted? | Strategic Partnerships for Vocational Education and training |
| Main objective of the project | |
| Call | 2018 |
| Round | 1 |
| Deadline for Submission (dd-mm-yyyy hh:nn:ss - Brussels, Belgium Time) | |
| Language used to fill in the form | |




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Project Identification

| | |
|--|--|
| Project Title | |
| Project Title in English | |
| Project Acronym | |
| Project Start Date (dd-mm-yyyy) | |
| Project Total Duration (Months) | |
| Project End Date (dd-mm-yyyy) | |
| Applicant Organisation Full Legal Name (Latin characters) | |
| Form Hash Code |  0000000000000000 |

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National Agency of the Applicant Organisation

| | |
|----------------|--|
| Identification | |
|----------------|--|

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

<https://ec.europa.eu/programmes/erasmus-plus/contact>

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Priorities

Please select the most relevant horizontal or sectoral priority according to the objectives of your project.

| |
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| |
| |
| |

Please select other relevant horizontal or sectoral priorities according to the objectives of your project.

| |
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[+][-]

Please comment on your choice of priorities.

| |
|--|
| |
|--|



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Participating organisation(s)

Applicant Organisation

| | | |
|-------------------------------------|------------------------------|-----------|
| Role | APP - Applicant Organisation | |
| PIC | | Check PIC |
| Full legal name (National language) | | |
| Full legal name (Latin characters) | | |
| Acronym | | |
| National ID (if applicable) | | |
| Department (if applicable) | | |
| Address | | |
| Country | | |
| P.O. Box | | |
| Post Code | | |
| CEDEX | | |
| City | | |
| Website | | |
| Email | | |
| Telephone | | |
| Fax | | |



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Profile

| | |
|----------------------|--|
| Type of Organisation | |
|----------------------|--|

| | |
|-------------------------------------|--|
| Is your organisation a public body? | |
| Is your organisation a non-profit? | |

Accreditation

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

| Accreditation Type | Accreditation Reference |
|--------------------|-------------------------|
| | |

Background and Experience

Please briefly present your organisation/group (e.g. its type, scope of work, areas of activity and if applicable, approximate number of paid/unpaid staff, learners and members of the group).

| |
|--|
| |
|--|

What are the activities and experience of your organisation in the areas relevant for this project?
What are the skills and/or expertise of key persons involved in this project?

| |
|--|
| |
|--|



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Have you participated in a European Union granted project in the 3 years preceding this application?

| | |
|-----|--|
| | |
| YES | |
| NO | |

[IF YES]

Please indicate:

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

[+][-]



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Legal Representative

| | |
|-------------|---------------------------|
| Role | LR – Legal Representative |
| Title | |
| Gender | |
| First Name | |
| Family Name | |
| Department | |
| Position | |
| Email | |
| Telephone | |

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

[TABLE HIDDEN IF THIS CHECKBOX IS NOT CHECKED]

| | |
|-----------|--|
| Address | |
| Country | |
| P.O. Box | |
| Post Code | |
| CEDEX | |
| City | |



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[MAXIMUM 3 CONTACT PERSONS]

Contact Person

| | |
|-------------|---------------------|
| Role | CP – Contact Person |
| Title | |
| Gender | |
| First Name | |
| Family Name | |
| Department | |
| Position | |
| Email | |
| Telephone | |

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

[TABLE HIDDEN IF THIS CHECKBOX IS NOT CHECKED]

| | |
|-----------|--|
| Address | |
| Country | |
| P.O. Box | |
| Post Code | |
| CEDEX | |
| City | |

Add Contact Person

Remove Contact Person

EN

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Partner Organisation

| | | |
|-------------------------------------|---------------------------|-----------|
| Role [NOT VISIBLE] | PA - Partner Organisation | |
| PIC | | Check PIC |
| Full legal name (National language) | | |
| Full legal name (Latin characters) | | |
| Acronym | | |
| National ID (if applicable) | | |
| Department (if applicable) | | |
| Address | | |
| Country | | |
| P.O. Box | | |
| Post Code | | |
| CEDEX | | |
| City | | |
| Website | | |
| Email | | |
| Telephone | | |
| Fax | | |

Profile

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| | |
|----------------------|--|
| Type of Organisation | |
|----------------------|--|

| | |
|--|--|
| Is the partner organisation a public body? | |
| Is the partner organisation a non-profit? | |

Accreditation

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

| Accreditation Type | Accreditation Reference |
|--------------------|-------------------------|
| | |



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Background and Experience

Please briefly present the partner organisation/group (e.g. its type, scope of work, areas of activity and if applicable, approximate number of paid/unpaid staff, learners and members of the group).

| |
|--|
| |
|--|

What are the activities and experience of the partner organisation in the areas relevant for this project? What are the skills and/or expertise of key persons involved in this project?

| |
|--|
| |
|--|

Has the partner organisation participated in a European Union granted project in the 3 years preceding this application?

| |
|-----|
| |
| YES |
| NO |

[IF YES]

Please indicate:

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

[+][-]



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Legal Representative

| | |
|-------------|---------------------------|
| Role | LR – Legal Representative |
| Title | |
| Gender | |
| First Name | |
| Family Name | |
| Department | |
| Position | |
| Email | |
| Telephone | |

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

[TABLE HIDDEN IF THIS CHECKBOX IS NOT CHECKED]

| | |
|-----------|--|
| Address | |
| Country | |
| P.O. Box | |
| Post Code | |
| CEDEX | |
| City | |



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Contact Person

| | |
|-------------|---------------------|
| Role | CP – Contact Person |
| Title | |
| Gender | |
| First Name | |
| Family Name | |
| Department | |
| Position | |
| Email | |
| Telephone | |

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

[TABLE HIDDEN IF THIS CHECKBOX IS NOT CHECKED]

| | |
|-----------|--|
| Address | |
| Country | |
| P.O. Box | |
| Post Code | |
| CEDEX | |
| City | |

Add Partner

Remove Partner

EN

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[SECTION VISIBLE IF "Main objective of the project" = " DEVELOPMENT OF INNOVATION"]

Associated Partners

If relevant, please identify and explain the involvement of associated partners, not formally participating in the project.

Please explain how they will contribute to the implementation of specific project tasks/activities or support the dissemination and sustainability of the project.



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Description of the Project

Please explain the context and the objectives of your project as well as the needs and target groups to be addressed. Why should this project be carried out transnationally?

What results are expected during the project and on its completion?

In what way is the project innovative and/or complementary to other projects already carried out?

How did you choose the project partners and what will they bring to the project? Does it involve organisations that have never previously been involved in a similar project?

How will the tasks and responsibilities be distributed among the partners?



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[MAX 3 CHOICES]

What are the most relevant topics addressed by your project?

| |
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What results are expected during the project and on its completion?

| |
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Participants

Please briefly describe how you will select and involve participants in the different activities of your project?

| |
|--|
| |
|--|

Participants with fewer opportunities: does your project involve participants facing situations that make their participation more difficult?

| |
|-----|
| |
| YES |
| NO |

[IF YES]

How many participants would fall into this category?

| |
|--|
| |
|--|

[IF YES]

Which types of situations are these participants facing?

| |
|--|
| |
| |

[+][-]

[IF YES]

How will you support these participants so that they will fully engage in the planned activities?

| |
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Please describe briefly how and in which activities these persons will be involved

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Preparation

Please describe what will be done in preparation by your organisation/group and by your partners/group before the actual project activities take place, e.g. administrative arrangements, communication about the activities, selection of the persons, coaches, involvement of stakeholders, etc.

Project Management and Implementation

Please provide detailed information about the project activities that you will carry out with the support of the grant requested under the item "Project Management and Implementation".

Please describe the methodology you intend to apply in your project

Transnational project meetings: how often do you plan to meet, who will participate in those meetings, where will it take place and what will be the goal?

How will you communicate and cooperate with your partners?

[VISIBLE IF "Main objective of the project" = "DEVELOPMENT OF INNOVATION"]

How will you ensure proper budget control and time management in your project?

[VISIBLE IF "Main objective of the project" = "DEVELOPMENT OF INNOVATION"]

How will the progress, quality and achievement of project activities be monitored? Please describe the qualitative and quantitative indicators you will use.



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Please give information about the involved staff, as well as the timing and frequency of the monitoring activities.

[VISIBLE IF "Main objective of the project" = "DEVELOPMENT OF INNOVATION"]

How will you evaluate to which extent the project reached its results and objectives?

What indicators will you use to measure the quality of the project's results?

What are your plans for handling risks which could happen during the project (e.g. delays, budget, conflicts, etc.)?

[VISIBLE IF "Main objective of the project" = "EXCHANGES OF PRACTICES"]

How will the monitoring of the project activities be carried out and by whom?

[VISIBLE IF "Main objective of the project" = "EXCHANGES OF PRACTICES"]

How will you assess the success of your project?

If relevant for your project, do you plan to use Erasmus+ online platforms (e.g. EPAL, School Education Gateway, eTwinning) for the preparation, implementation and/or follow-up of your project?



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[IF "Main objective of the project" = "DEVELOPMENT OF INNOVATION"]

Intellectual Outputs

Do you plan to include intellectual outputs in your project?

| | |
|-----|--|
| | |
| YES | |
| NO | |

[IF YES]

When filling in the Intellectual outputs section, please take into account that this information will allow to specify and evaluate the appropriateness of the corresponding costs in the specific section of the budget below.

| | |
|--|----|
| Output Identification | O1 |
| Output Title | |
| Output Description (including: elements of innovation, expected impact and transferability potential) | |
| Output Type | |
| Please describe the division of work, the tasks leading to the production of the intellectual output and the applied methodology | |
| Start Date (dd-mm-yyyy) | |
| End Date (dd-mm-yyyy) | |
| Languages [+][-] | |



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| | |
|---------------------------------------|--|
| Media [+][-] | |
| Activity Leading Organisation | |
| Participating Organisations [+][-] | |

Add Output

Remove Output



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Multiplier Events

Do you plan to include Multiplier Events in your project?

| | |
|-----|--|
| | |
| YES | |
| NO | |

[IF YES]

Grant support for Multiplier Events can only be asked for if the project intends to produce substantial Intellectual Outputs. Other dissemination activities will be supported via the grant item Project Management and Implementation.

| | |
|--|----|
| Event Identification | E1 |
| Event Title | |
| Country of Venue | |
| Event Description | |
| Start Date (dd-mm-yyyy) | |
| End Date (dd-mm-yyyy) | |
| Intellectual Outputs Covered [+][-] | |
| Activity Leading Organisation | |
| Participating Organisations [+][-] | |

Add Event

Remove Event

EN

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Learning/Teaching/Training Activities

Do you plan to include transnational learning, teaching or training activities in your project?

| | |
|-----|--|
| | |
| YES | |
| NO | |

[IF YES]

What is the added value of these learning, teaching or training activities (including long-term activities) with regards to the achievement of the project objectives?

| |
|--|
| |
|--|

[IF YES]

Please describe each of the learning, teaching or training activities you intend to include in your project:

| | |
|---|----|
| Activity No. | C1 |
| Fields | |
| Activity Type | |
| Activity Description (including profile of participants per organisation) | |
| Country of Venue | |
| No. of Participants | |
| Participants with Special Needs (out of total number of Participants) | |
| Accompanying Persons (out of | |



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| | |
|--|--|
| total number of Participants) | |
| Duration (days) [IF THE ACTIVITY TYPE IS A SHORT-TERM ONE] | |
| Duration (months) [IF THE ACTIVITY TYPE IS A LONG- TERM ONE] | |
| Participating Organisations [+][-] | |

Add Activity

Remove Activity

[IF YES]

How will you select, prepare and support participants and ensure their safety? Please describe the practical arrangements including training, teaching or learning agreements, if applicable.

| |
|--|
| |
|--|

[IF YES]

Please also describe the arrangements for recognition or validation of the learning outcomes of the participants in learning, teaching or training activities. Will your project make use of European instruments like Europass, ECVET, Youthpass, ECTS etc. or any national instruments/certificates?

| |
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| |
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Follow-up

Impact

What is the expected impact on the participants, participating organisations, target groups and other relevant stakeholders?

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

How will you measure the previously mentioned impacts?



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Dissemination and Use of Projects' Results

You are requested to make plans for the dissemination of your project results. Please provide answers to the questions below.

What will be the target groups of your dissemination activities inside and outside your partnership?

Please define in particular your target audience(s) at local/regional/national/EU level and motivate your choice.

Which activities will you carry out in order to share the results of your project beyond your partnership?

Who will be responsible for the dissemination activities within your partnership and which specific expertise do they have in this area? What resources will you make available to allow for the proper implementation of your dissemination plans?

Erasmus+ has an open access requirement for all materials developed through its projects. If your project is producing intellectual outputs/tangible deliverables, please describe how you intend to ensure free access for the public to a digital form of this material. If you intend to put any limitation on the use of the open licence, please specify the reasons, extent and nature of this limitation.

How will you ensure that the project's results will remain available and will be used by others?

If relevant, please provide any other information you consider appropriate to give a full understanding of your dissemination plan and its expected impact (e.g. how you have identified which results are most relevant to disseminate; how you will ensure the involvement of all partners; how you see synergies with other stakeholders, etc.)



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Sustainability

What are the activities and results that will be maintained after the end of the EU funding, and how will you ensure the resources needed to sustain them?

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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.

Project Management and Implementation

| PIC of Organisation | Role of Organisation | Name of the Organisation | Country of the Organisation |
|---------------------|----------------------|--------------------------|-----------------------------|
| | | | |

| | |
|-----------------------|-------|
| Total Grant Requested | [SUM] |
|-----------------------|-------|

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Transnational Project Meetings

| PIC of Sending Organisation | Country of the Organisation | Total No. of Participants | Distance Band | Grant per Participant | Grant Requested |
|-----------------------------|-----------------------------|---------------------------|---------------|-----------------------|-----------------|
| | | | | | |
| Total | | | | | [SUM] |

[+][-]

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[SECTION SHOWN IF THERE IS AT LEAST ONE INTELLECTUAL OUTPUT CREATED IN THE FORM]

Intellectual Outputs

Which concrete participating organisations' staff resources are you planning to use in the production of outputs that have a significant contribution in terms of potential impact and transferability (e.g. new curricula, pedagogical materials, IT Tools, analysis and studies, etc.)?

| PIC of Organisation | Output Identification | Category of Staff | Country of the Organisation | No. of Working Days | Grant per Day | Grant Requested |
|---------------------|-----------------------|-------------------|-----------------------------|---------------------|---------------|-----------------|
| | | | | | | |
| Total | | | | [SUM] | Total | [SUM] |

[+][-]

Validate

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[SECTION SHOWN IF THERE IS AT LEAST ONE MULTIPLIER EVENT CREATED IN THE FORM]

Multiplier Events

| PIC of Organisation | Country of the Organisation | Event Identification | Country of Venue | No. of Local Participants | Grant per Local Participant | No. of Foreign Participants | Grant per Foreign Participant | Grant Requested |
|---------------------|-----------------------------|----------------------|------------------|---------------------------|-----------------------------|-----------------------------|-------------------------------|-----------------|
| | | | | | | | | |
| Total | | | | [SUM] | Total | [SUM] | Total | [SUM] |

[+][-]



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[SECTION SHOWN IF THERE IS AT LEAST ONE LTT ACTIVITY CREATED IN THE FORM]

Learning/Teaching/Training Activities

Travel

| PIC of Organisation | Country of the Organisation | Activity No. | Activity Type | Distance Band | Travel Grant per Participant | No. of Participants (including accompanying persons) | Grant Requested |
|---------------------|-----------------------------|--------------|---------------|---------------|------------------------------|--|-----------------|
| | | | | | | | |
| Total | | | | | | [SUM] | [SUM] |

[+][-]

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Individual Support

[SECTION SHOWN IF THERE IS AT LEAST ONE LONG-TERM LTT ACTIVITY CREATED IN THE FORM]

Long-term Learning/Teaching/Training Activities

| PIC of Organisation | Country of the Organisation | Activity No. | Activity type | Country of Destination | Duration per Participant (months) | No. of Participants (without accompanying persons) | Grant per Participant | Duration per Accompanying Person (months) | No. of Accompanying Persons | Grant per Accompanying Person | Grant Requested |
|---------------------|-----------------------------|--------------|---------------|------------------------|-----------------------------------|--|-----------------------|---|-----------------------------|-------------------------------|-----------------|
| | | | | | | | | | | | |
| Total | | | | | [SUM] | [SUM] | | [SUM] | [SUM] | | [SUM] |

[+][-]

Validate

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[SECTION SHOWN IF THERE IS AT LEAST ONE SHORT-TERM LTT ACTIVITY CREATED IN THE FORM]

Short-term Learning/Teaching/Training Activities

| PIC of Organisation | Country of the Organisation | Activity No. | Activity type | Duration per Participant (days) | No. of Participants (without accompanying persons) | Grant per Participant | Duration per Accompanying Person (days) | No. of Accompanying Persons | Grant per Accompanying Person | Grant Requested |
|---------------------|-----------------------------|--------------|---------------|---------------------------------|--|-----------------------|---|-----------------------------|-------------------------------|-----------------|
| | | | | | | | | | | |
| Total | | | | [SUM] | [SUM] | | [SUM] | [SUM] | | [SUM] |

[+][-]

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[SECTION SHOWN IF THERE IS AT LEAST ONE LONG-TERM LTT ACTIVITY CREATED IN THE FORM]

Linguistic Support

| PIC of Organisation | Country of the Organisation | Activity No. | Activity Type | No. of Participants (without accompanying persons) | Grant per Participant | Grant Requested |
|---------------------|-----------------------------|--------------|---------------|---|-----------------------|-----------------|
| | | | | | | |
| Total | | | | [SUM] | Total | [SUM] |

[+][-]

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Exceptional Costs for Expensive Travel

| PIC of Organisation | Country of the Organisation | Activity No. | Activity Type | No. of Participants (including accompanying persons) | Purpose and description of Costs | Grant requested (up to 80% of eligible costs) |
|---------------------|-----------------------------|--------------|---------------|--|----------------------------------|---|
| | | | | | | |
| Total | | | | [SUM] | Total | [SUM] |

[+][-]

EN

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Special Needs

| PIC of Organisation | Country of the Organisation | No. of Participants With Special Needs | Description | Grant requested |
|---------------------|-----------------------------|--|-------------|-----------------|
| | | | | |
| Total | | | | [SUM] |

[+][-]

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Exceptional Costs

| PIC of Organisation | Country of the Organisation | Description of Cost Item | Grant requested (75% of Total) |
|---------------------|-----------------------------|--------------------------|--------------------------------|
| | | | |
| Total | | | |

[+][-]

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

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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+ Project Results 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. The summary will be publicly available in case your project is awarded.

In view of further publication on the Erasmus+ Project Results Platform, please also be aware that a comprehensive public summary of project results will be requested at report stage(s). Final payment provisions in the contract will be linked to the availability of such summary.

[QUESTION SHOWN IF LANGUAGE USED IN APPLICATION IS NOT ENGLISH]

Please provide a translation in English. This summary will be publicly available in case your project is awarded.



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Summary of participating organisations

| PIC of Organisation | Name of the Organisation | Country of the Organisation |
|---------------------|--------------------------|-----------------------------|
| | | |
| | | |

| | |
|---|--|
| Total number of participating organisations | |
|---|--|

Sample



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Budget Summary

| PIC of Organisation | Country of the Organisation | Transnational Project Meetings | Intellectual Outputs [VISIBLE IF THERE IS AT LEAST ONE INTELLECTUAL OUTPUT CREATED IN THE FORM] | Multiplier Events [VISIBLE IF THERE IS AT LEAST ONE MULTIPLIER EVENT CREATED IN THE FORM] | Learning/Teaching/Training Activities | | | | Special Needs | Exceptional Costs | Total |
|---------------------|-----------------------------|--------------------------------|--|--|---------------------------------------|--------------------|--------------------|--|---------------|-------------------|-------|
| | | | | | Travel | Individual Support | Linguistic Support | Exceptional Costs for Expensive Travel | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

Project Management and Implementation

Project Total Grant

Grant Calculated

Validate

EN

Form hash code: 0000000000000000



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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 2 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 timeline for the project activities and outputs using the template provided.
- ☐ all participating organisations/groups 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.



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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 EU 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. the processing 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 eligible 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.

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/eplushlink-eforms-privacy_en.htm



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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



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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:

- 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



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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):

Print Declaration of Honour



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Annexes

Please note that all documents mentioned in section "Checklist" need to be attached here before you submit your application online.

| File Name | File Size (kB) | |
|---|----------------|--------|
| Filename1.docx | 100 | REMOVE |
| Filename2.xlsx | 200 | REMOVE |
| | | ADD |
| | | ADD |
| | | ADD |
| Total Size (up to a maximum of 10 240 kB) | 300 | |

[MAXIMUM NUMBER OF ATTACHMENT: 10]

[MAXIMUM TOTAL SIZE OF ATTACHMENTS: 10 MB]

[ALLOWED FILE TYPES: PDF,DOC,DOCX,XLS,XLSX,JPG,TXT,ODT,ODS,CDOC,DDOC,BDOC]



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Submission

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

Data Validation

Validation of compulsory fields and rules

Validate

Standard Submission Procedure

Online submission (requires internet connection)

Submit Online

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.

Submission Summary

This table provides additional information (log) of all form online submission attempts, particularly useful for the National Agencies in case of multiple form submissions.

| Number | Time | Form Hash Code | Submitted | Description |
|--------|--|------------------|-----------|---|
| 1 | 2018-03-21 10:51:23 (Brussels, Belgium Time) | 0000000000000000 | Yes | Your submission was successful. Submission ID: 1000785 |

Local Time cannot be considered authoritative and cannot be used for claiming that the form has been submitted in time.

Validate



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Form Printing

Print the entire form

Print Form

Sample