



LIFE+ Nature & Biodiversity

TECHNICAL APPLICATION FORMS

Part A – administrative information

NOTES:

There are 4 sets of LIFE+ "Nature & Biodiversity" application forms: A, B and 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. Maps illustrating the location of the proposed actions should be presented in annex. Insofar as possible, these maps should be in A4 format but may if necessary be presented in format A3. No formats other than A4 or A3 are allowed.

Whenever several copies of one form 2007-XY needs to be produced, please use the following naming convention per page: 2007-XY/1; 2007-XY/2 etc.



FOR ADMINISTRATION USE ONLY
LIFE+07 NAT

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:

LIFE+ Nature: Best practice and/or demonstration project contributing to the implementation of the objectives of the EU Birds and Habitats Directives (Council Directives 79/409 EEC and 92/43/EEC)

LIFE+ Biodiversity: Demonstration and/or innovative project contributing to the objectives of the Commission Communication COM (2006) 216 final: "*Halting the loss of Biodiversity by 2010 – and beyond*"





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 Community 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 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 constituted in the European Union) will contribute€ to the project. My organisation will implement the following actions
... .. , with an estimated total cost of €.
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.....

Stamp and Signature of the Coordinating Beneficiary:

Name(s) and status of signatory:

ASSOCIATED BENEFICIARY DECLARATION

The undersigned hereby certifies that:

1. 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 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 constituted in the European Union) will contribute€ to the project. My organisation will implement the following actions
... .. , with an estimated total cost of €.
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.....

Stamp and Signature of the Associated Beneficiary:

Name(s) and status of signatory:

.....

Coordinating Beneficiary Profile Information					
Short Name				Beneficiary n°	1
Legal information on the Coordinating Beneficiary					
Legal Name			Legal Status		
VAT No			Public Authority	<input type="checkbox"/>	
Legal Registration No			Other Public Body	<input type="checkbox"/>	
Registration Date			Private commercial	<input type="checkbox"/>	
			Private non-commercial	<input type="checkbox"/>	
Legal address of the Coordinating Beneficiary					
Street Name and No				PO Box	<input type="checkbox"/>
Post Code		Town/City			
Country Code		Country Name			
Coordinating Beneficiary contact person information					
Title		Function			
Surname			First Name		
Department / Service					
Street Name and No				PO Box	<input type="checkbox"/>
Post Code		Town/City			
Country					
Telephone No		Fax No			
E-mail		Website			
Coordinating Beneficiary details					
Year					
Annual turnover		Annual Balance Sheet Total			
Number of employees					
Number of employees in the department carrying out the project					
Is your organisation independent (Yes or No)					
If No, please indicate legal name(s) of owner(s) who own 25 % or more					
Is your organisation affiliated to any other participant(s) in the project? (Yes or No)					
If Yes, please indicate Participant Short Name(s) and character of affiliations(s)					
Brief description of the activities of the Coordinating Beneficiary					

YOU MAY NOT DUPLICATE THIS PAGE

ASSOCIATED BENEFICIARY PROFILE (Complete for each Associated Beneficiary)

Associated Beneficiary profile information									
Short name	Beneficiary n°								
Legal information on the Associated Beneficiary									
Legal Name and full address	Legal status								
	<table border="1"> <tr> <td>Public Authority</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Public Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Private commercial</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Private non-commercial</td> <td><input type="checkbox"/></td> </tr> </table>	Public Authority	<input type="checkbox"/>	Other Public Body	<input type="checkbox"/>	Private commercial	<input type="checkbox"/>	Private non-commercial	<input type="checkbox"/>
Public Authority	<input type="checkbox"/>								
Other Public Body	<input type="checkbox"/>								
Private commercial	<input type="checkbox"/>								
Private non-commercial	<input type="checkbox"/>								
Brief description of the activities of the Associated Beneficiary									

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	
Stamp and signature of the authorised person	
Name and status of the authorised person (obligatory):	
Date of the signature (obligatory):	
Authorised stamp and signature (obligatory):	

YOU MAY DUPLICATE THIS PAGE

DECLARATION OF SUPPORT FROM THE COMPETENT AUTHORITY

This form is **mandatory** for all **LIFE+ Nature and LIFE+ Biodiversity project proposals**. For transnational project proposals, a separate copy must be filled in by the competent nature conservation / biodiversity authority of all participating countries.

Optional: this form may also be used to indicate any other support to the project by important stakeholder bodies, administrative bodies or individuals that may be concerned by the project.

Name and legal status:

Full address:

Tel: Fax: E-mail:

Contact person (name and function):

Please specify whether, why and how you will support this project:

Stamp of the Authority, signature and date:



LIFE + Nature and Biodiversity

TECHNICAL APPLICATION FORMS

**Part B – technical summary and overall
context of the project**

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

Project title:

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

Objectives:

Actions and means involved:

Expected results (quantified as far as possible):

GENERAL DESCRIPTION OF THE AREA / SITE(S) TARGETED BY THE PROJECT

Name of the project area:

Surface area (ha):

EU protection status: SPA **NATURA 2000 Code :**

pSCI **NATURA 2000 Code :**

Other protection status according to national or regional legislation:

Main land uses and ownership status of the project area:

Scientific description of project area:

Importance of the project area for biodiversity and/or for the conservation of the species / habitat types targeted at regional, national and EU level (give quantitative information if possible):

MAP OF THE GENERAL LOCATION OF THE PROJECT AREA

(Please indicate the scale of the map)

LOCATION
IN THE COUNTRY

LOCATION IN
THE REGION

**DESCRIPTION OF SPECIES / HABITATS / BIODIVERSITY ISSUES
TARGETED BY THE PROJECT**

A large empty rectangular box with a black border, intended for text input. The box is currently blank, providing space for the user to describe species, habitats, and biodiversity issues targeted by the project.

CONSERVATION / BIODIVERSITY PROBLEMS AND THREATS

Please provide this information for all species and habitat types targeted by the project

OBJECTIVES OF THE PROJECT

**PREVIOUS CONSERVATION EFFORTS IN THE PROJECT AREA
AND/OR FOR THE HABITATS / SPECIES TARGETED BY THE PROJECT**

EU ADDED VALUE OF THE PROJECT AND ITS ACTIONS

BEST PRACTICE / INNOVATION / DEMONSTRATION CHARACTER OF THE PROJECT

LIFE+ Nature projects must complete best practice and/or demonstration
LIFE+ Biodiversity projects must complete demonstration and/or innovation

BEST PRACTICE:

DEMONSTRATION:

INNOVATION:

EFFORTS FOR REDUCING THE PROJECT'S "CARBON FOOTPRINT"

EXPECTED CONSTRAINTS AND RISKS RELATED TO THE PROJECT IMPLEMENTATION

--

**CONTINUATION / VALORISATION OF THE PROJECT RESULTS
AFTER THE END OF THE PROJECT**

- Which actions will have to be carried out or continued after the end of the project?

- How will this be achieved, what resources will be necessary to carry out these actions?

- Potential for using other EU funds after the end of the project

- Protection status under national/local law of sites/species/habitats targeted (if relevant)

- How, where and by whom will the equipment acquired be used after the end of the project?

- To what extent will the results and lessons of the project be actively disseminated after the end of the project to those persons and/or organisations that could best make use of them (please identify these persons/organisations)?

- Any other issues



LIFE + Nature and Biodiversity

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 (e.g. details explaining the cost per hectare).**
- **All forms in this section may be multiplied, so as to include all essential information.**
- **Each action described should have a clear indication of its physical target (e.g., action 1 will take place in area "X" and/or will target species "Y"). Whenever this is relevant, the location of these actions should also be identified on one or several maps which must be provided in annex (preferably one map per site). Where feasible, a map of each site should be provided that indicates the location of all the actions taking place on that site.**
- **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

A. Preparatory actions, elaboration of management plans and/or of action plans

For each action or set of actions specify the following:

ACTION A.1: *name of the action*

Description (what, how, where and when):

Reasons why this action is necessary:

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

ACTION A.2: *etc...*

B. Purchase/lease of land and/or compensation payments for use rights

For each action or set of actions specify the following:

ACTION B.1: name of the action

Description (what, how, where and when):

Reasons why this action is necessary:

Beneficiary responsible for implementation:

Expected results (quantitative information needed):

ACTION .B.2: etc...

C. Concrete conservation actions

For each action or set of actions specify the following:

ACTION C.1: *name of the action*

Description (what, how, where and when):

Reasons why this action is necessary (specify the species / habitat(s) / biodiversity issue(s) targeted):

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

ACTION C.2: *etc...*

D. Public awareness and dissemination of results

For each action or set of actions specify the following:

ACTION D.1: name of the action

Description (what, how, where and when):

Reasons why this action is necessary (specify the target audience):

Beneficiary responsible for implementation:

Expected results (quantitative information when possible)

ACTION D.2: etc...

E. Overall project operation and monitoring

For each action or set of actions specify the following:

ACTION E.1:

Name of action:

Description (what, how, where and when):

Reasons why this action is necessary:

Beneficiary responsible for implementation:

Expected results (quantitative information when possible):

ACTION E.2: 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

Type of report	Deadline

ACKNOWLEDGEMENT OF RECEIPT

Address of the coordinating beneficiary:

Title of the project:

APPLICATION N° **LIFE+07/NAT/**.....
(to be completed by the European Commission)

Sir, Madam

I acknowledge receipt of your *LIFE+ Nature & Biodiversity* application for the project proposal mentioned above, for which I thank you.

Your proposal will be examined with respect to its eligibility. If declared eligible it will then undergo an evaluation procedure according to that foreseen in the LIFE+ Regulation and the guidance to applicants.

I will let you know the final decision as soon as possible.

Yours faithfully,

Signature: