



***LIFE + Information and Communication***

**TECHNICAL APPLICATION FORMS**

## **Part A – administrative information**

**NOTES:**

There are 4 sets of LIFE+ "Information and Communication" 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.

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+ 07ENV/**

**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

National or transnational communication or awareness raising campaigns related to the implementation, updating and development of EU environmental policy and legislation

National or transnational communication or awareness raising campaigns related to environmental issues, nature protection or biodiversity matters

fire agents.





**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 for 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	
<b>Legal information on the Coordinating Beneficiary</b>				
Legal Name			Legal Status	
VAT No			Public Authority	
Legal Registration No			Other Public Body	
Registration Date			Private commercial	
			Private non- commercial	
<b>Legal address of the Coordinating Beneficiary</b>				
Street Name and No			PO Box	
Post Code		Town/City		
Country Code		Country Name		
<b>Coordinating Beneficiary contact person information</b>				
Title		Function		
Surname			First Name	
Department / Service				
Street Name and No			PO Box	
Post Code		Town/City		
Country				
Telephone No		Fax No		
E-mail		Website		
<b>Coordinating Beneficiary details</b>				
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)				
<b>Brief description of the activities of the Coordinating Beneficiary</b>				

YOU MAY NOT DUPLICATE THIS PAGE

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

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

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

<b>Legal Name and full address on the co-financier</b>	
<b>Financial commitment</b>	
<b>We will contribute the following amount to the project:</b>	<b>..... Euro</b>
<b>Status of the financial commitment</b>	
<b>Stamp and signature of the authorised person</b>	
<b>Name and status of the authorised person (obligatory):</b>	
<b>Date of the signature (obligatory):</b>	
<b>Authorised stamp and signature (obligatory):</b>	

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**TECHNICAL APPLICATION FORMS**

**Part B – Objectives and expected results**

- ❑ No financial information should be included in these forms.
- ❑ 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:**

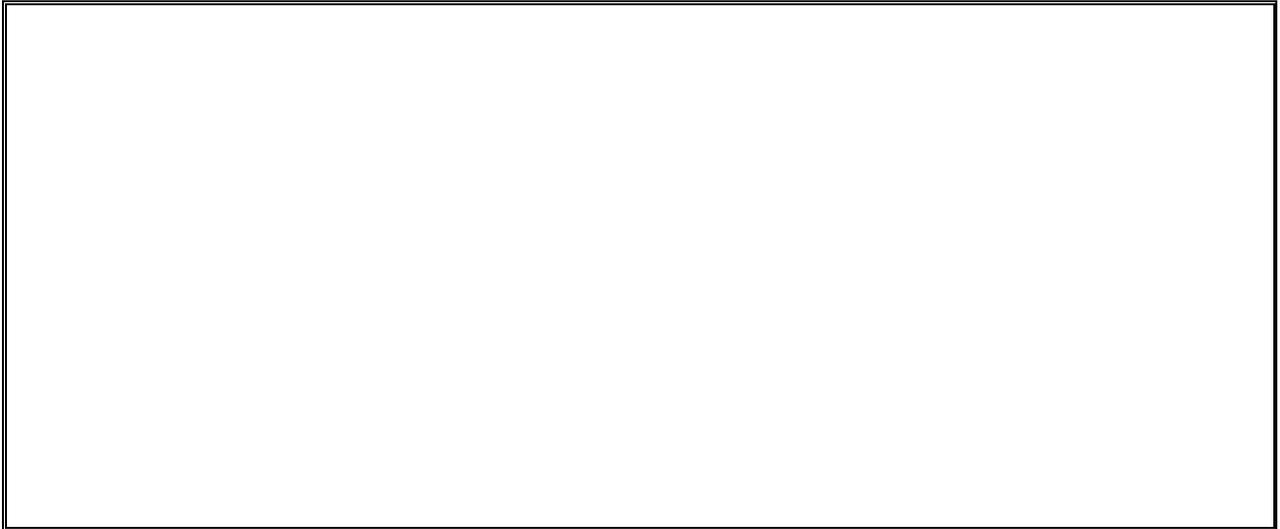
.....  
.....  
.....

**Objectives:**

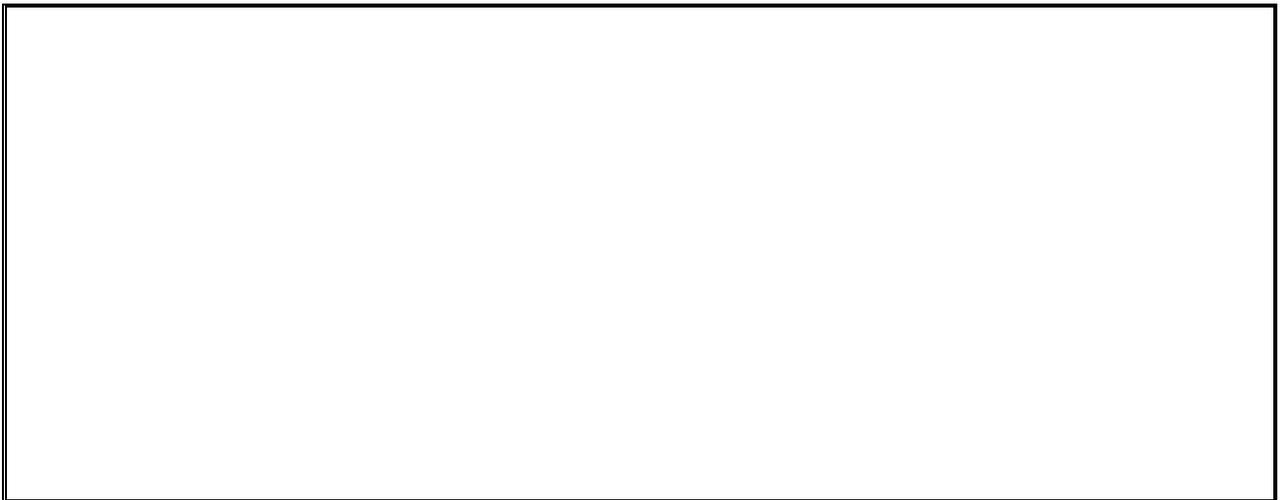
**Actions and means involved:**

**Expected results (quantified as far as possible):**

**ENVIRONMENTAL PROBLEM TARGETED**

A large, empty rectangular box with a thin black border, intended for the user to describe the environmental problem targeted by the project.

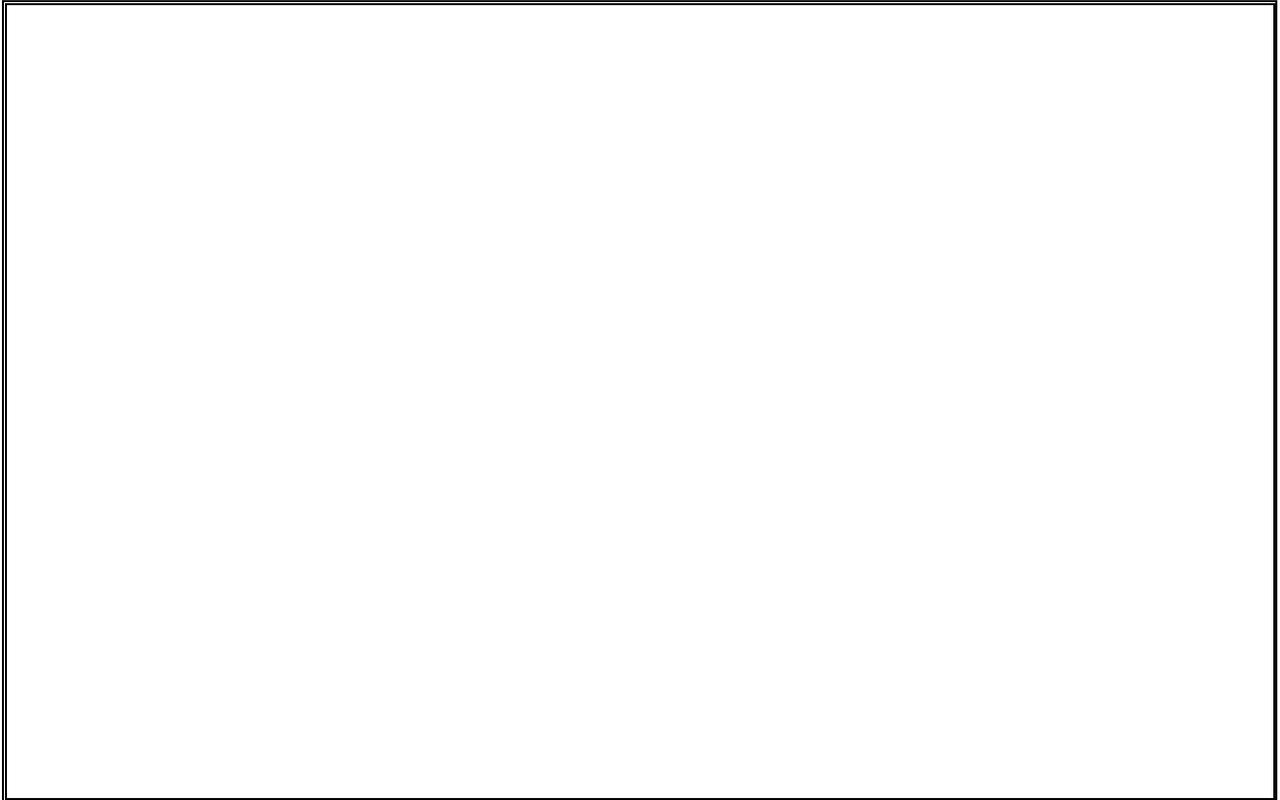
**OBJECTIVES OF THE PROJECT**

A large, empty rectangular box with a thin black border, intended for the user to list the objectives of the project.

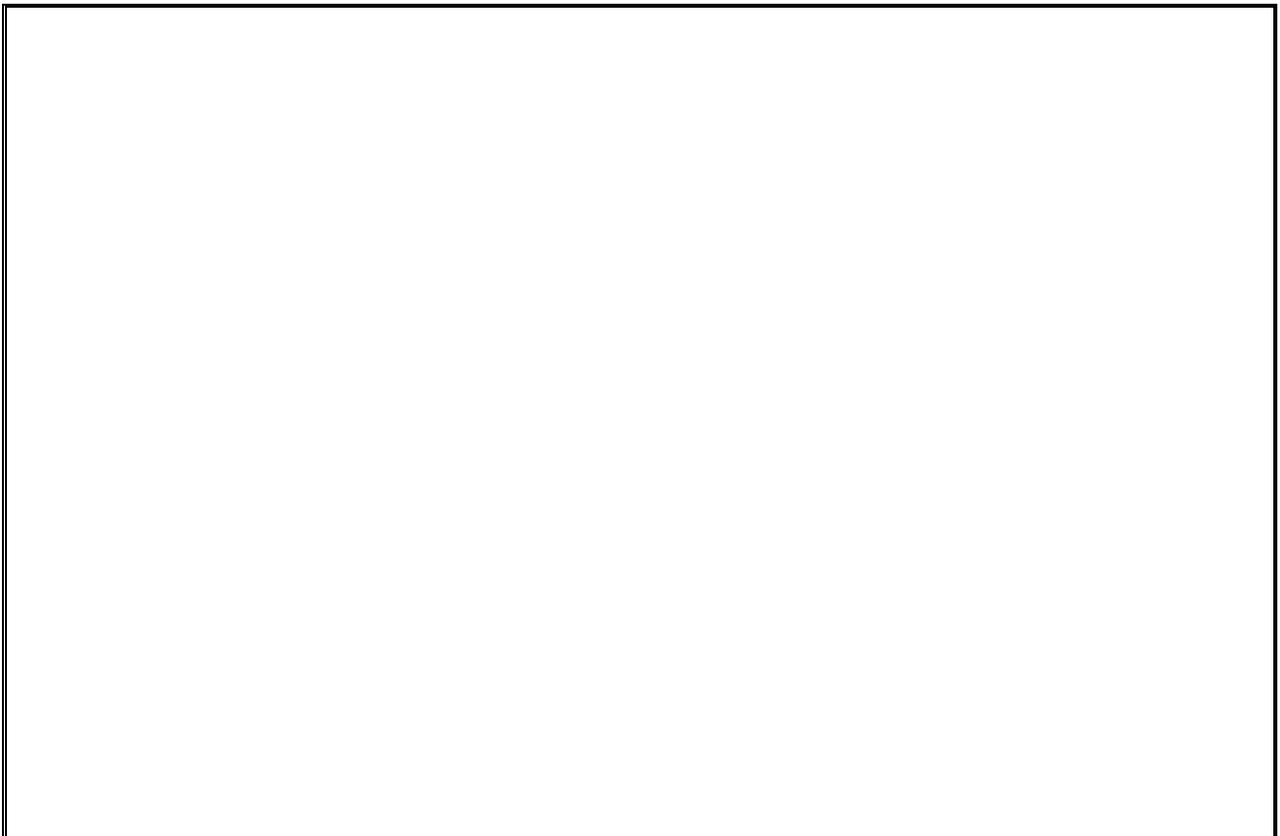
**PREPARATORY WORK UNDERTAKEN ALREADY**

A large, empty rectangular box with a thin black border, intended for the user to describe any preparatory work that has already been undertaken.

**EU ADDED VALUE OF THE PROJECT AND ITS ACTIONS**

A large, empty rectangular box with a thin 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 thin black border, intended for the user to provide information regarding the efforts for reducing the project's carbon footprint.



**STAKEHOLDERS INVOLVED AND MAIN TARGET AUDIENCE OF 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 the stakeholders and target audience involved in the project.



**EXPECTED CONSTRAINTS AND RISKS RELATED TO PROJECT IMPLEMENTATION**

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the user to enter information regarding expected constraints and risks related to project implementation.







***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 multiplied, 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**

*For each action or set of actions specify the following:*

*ACTION 1: 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 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/INF&COMM/.....**  
(to be completed by the European Commission)

Sir, Madam

I acknowledge receipt of your *LIFE+ Information & Communication* 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: .....