



***LIFE + Information and Communication***

**TECHNICAL APPLICATION FORMS**

## **Part A – administrative information**

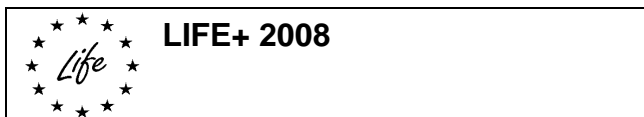
**NOTES:**

There are 5 sets of LIFE+ "Information and Communications" application forms: A, B and C (technical forms), F (financial forms) and output indicator forms. The financial forms and output indicator forms are in separate Excel files.

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

Whenever several copies of one form 2008-XY needs to be produced, please use the following naming convention per page: 2008-XY/1; 2008-XY/2 etc.

LIFE + Information and Communication 2008- A1



FOR ADMINISTRATION USE ONLY  
**LIFE+ 08 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 or awareness raising campaigns related to **nature protection or biodiversity matters**

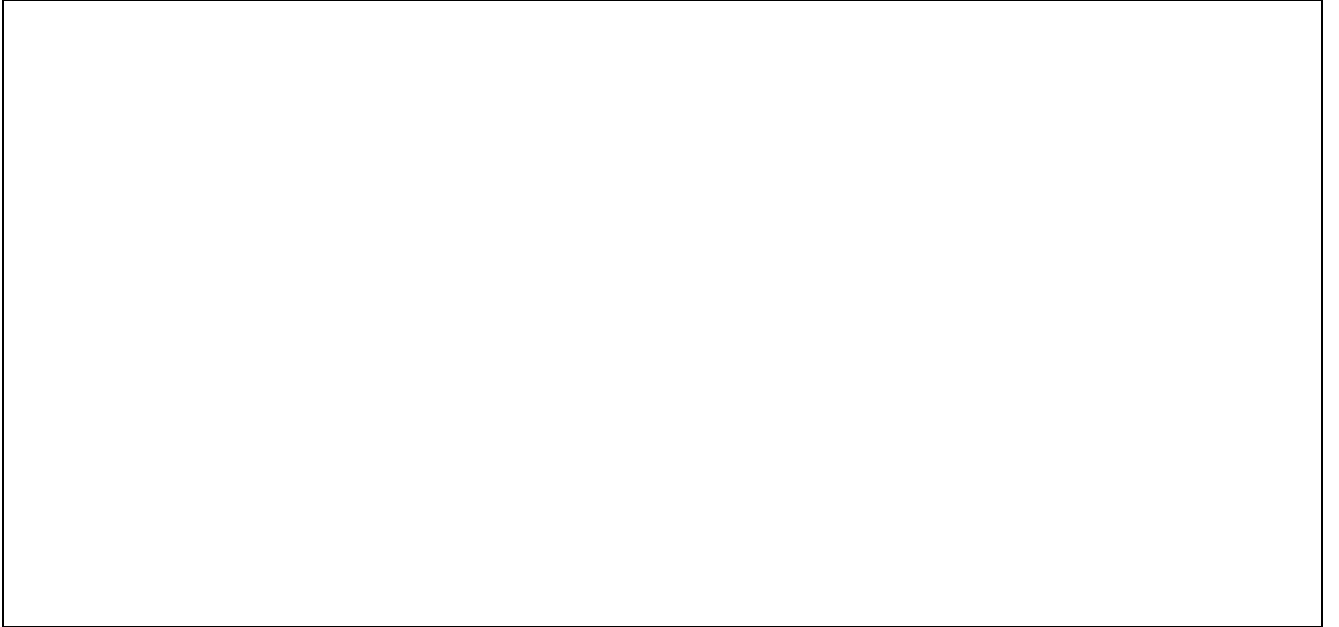
.....

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 2008 – A2

Coordinating Beneficiary Profile Information					
Short Name				Beneficiary n°	1
Legal information on the Coordinating Beneficiary					
Legal Name				Legal Status	
VAT No				Public body	<input type="checkbox"/>
Legal Registration No				Private commercial	<input type="checkbox"/>
Registration Date				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		
E-mail address					
Department / Service					
Street Name and No				PO Box	<input type="checkbox"/>
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					



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**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 (*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)**

<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</b>		<b>Legal Status</b>		
<b>VAT No</b>		<b>Public body</b>		
<b>Legal Registration No</b>			<b>Private commercial</b>	
<b>Registration Date</b>			<b>Private non-commercial</b>	
<b>Legal address of the Coordinating Beneficiary</b>				
<b>Street Name and No</b>		<b>PO Box</b>		
<b>Post Code</b>		<b>Town/City</b>		
<b>Country Code</b>		<b>Country Name</b>		
<b>Brief description of the Associated Beneficiary's activities and experience in the area of the proposal</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>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 signature (obligatory):</b>	

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**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

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



***LIFE + Information and Communication***

**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:**

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

**Project objectives:**

**Key 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)**

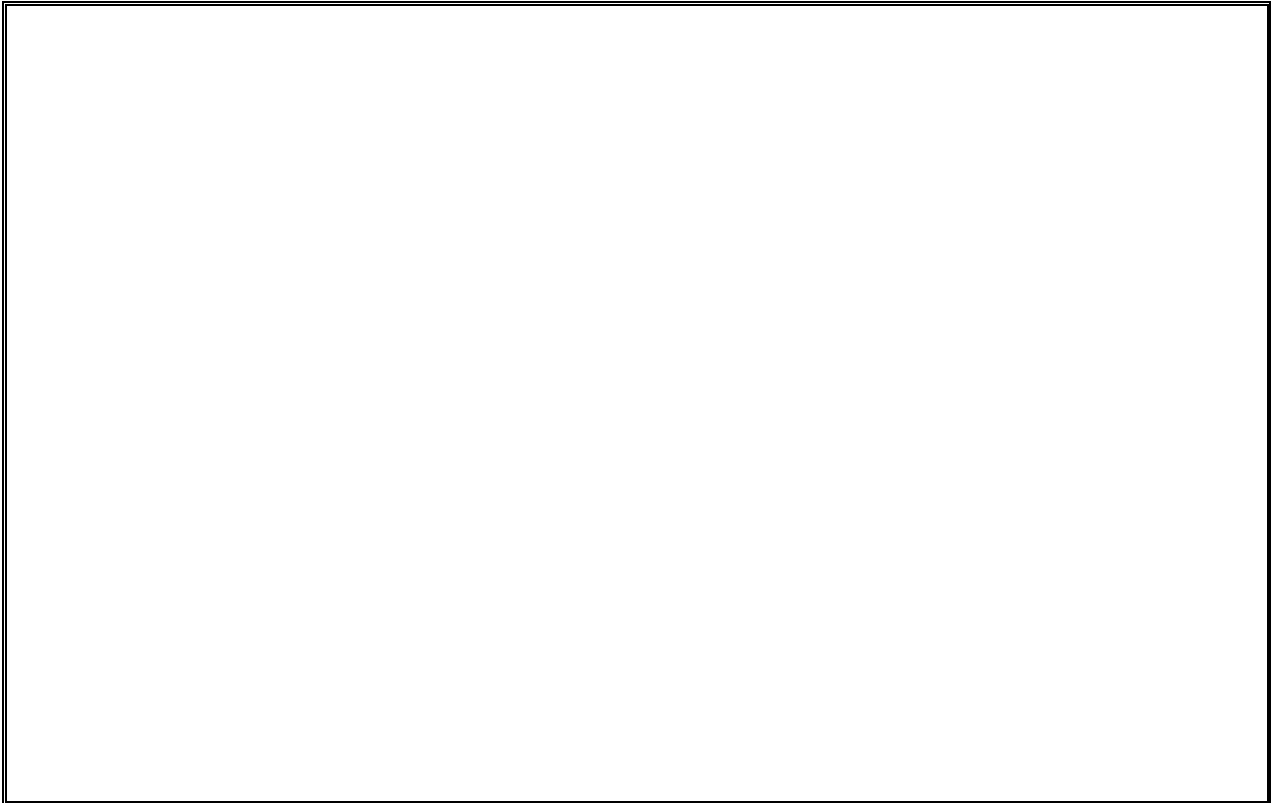
**PARTNERSHIP TECHNICAL CAPACITY (INCLUDING EXTERNAL ASSISTANCE SUPPORT)**

**Environmental experience:**

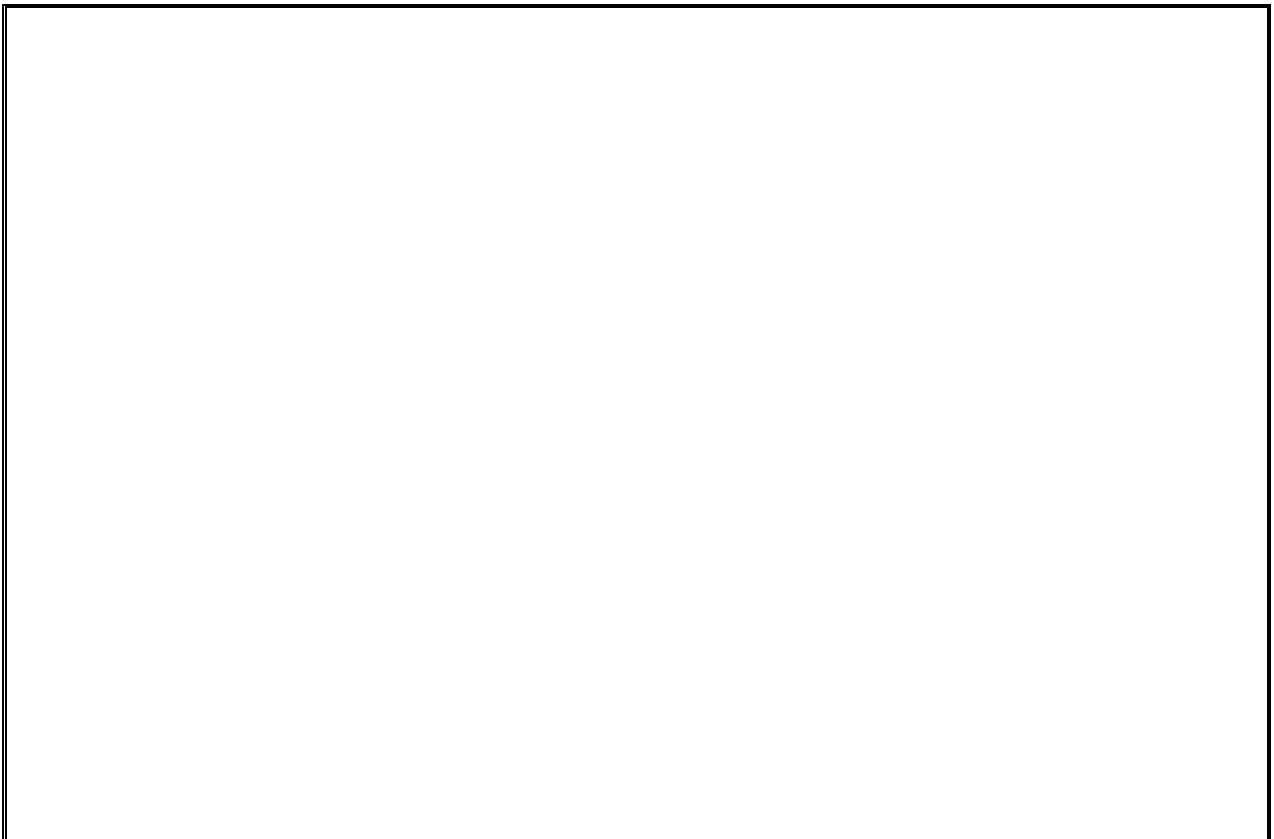
  
  
  
  
  
  
  
  
  
  

**Communication/training experience:**

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

A large, empty rectangular box with a 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 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 most of the page below the header. It is intended for the user to write the expected constraints and risks related to project implementation and how they will be dealt 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.

**B. Preparatory actions (if needed)**

B1.....

B2.....

.....

**C. Awareness raising campaigns (obligatory)**

C1.....

C2.....

.....

**D. Training activities with respect to forest fire prevention (if relevant)**

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

Type of report	Deadline





