

**LIFE 2020 Call for Proposals from NGOs on the European Green Deal (NGO4GD)**

**TECHNICAL APPLICATION FORMS**

***Table of Content***

[A1 - GENERAL PROJECT INFORMATION 3](#_Toc56184720)

[A2 – COORDINATING BENEFICIARY PROFILE 4](#_Toc56184721)

[A3 - COORDINATING BENEFICIARY DECLARATION 6](#_Toc56184722)

[A4 - CO-FINANCER PROFILE AND COMMITMENT FORM 7](#_Toc56184723)

[B1 - DESCRIPTION OF THE INTERVENTION 8](#_Toc56184724)

[B2 – DETAILED DESCRIPTION OF THE WORK PACKAGES 9](#_Toc56184725)

[B3 – Estimated total eligible costs per work package 10](#_Toc56184726)

[B4 – TIMETABLE 11](#_Toc56184727)

***The Financial Application Forms are contained in a separate file in Excel format.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | logolife_wb2 |  |  |  | | |
|  | **for ADMINISTRATION use only** |  |  |
|  | LIFE20 PRE-NGO/Country/number | |  |
|  |

**LIFE 2020 Call for Proposals from NGOs on the European Green Deal**

**(LIFE NGO4GD)**

# A1 - GENERAL PROJECT INFORMATION

Name of the **Beneficiary**:

Project title (max. 200 characters):

Project acronym (max. 25 characters):

The project will be implemented in the following Country/ Regions:

|  |  |
| --- | --- |
| Name of the Country: | Name of the Region(s): |
|  |  |
|  |  |

Expected start date: Expected end date:

**Project Budget and REQuested EU funding**

Total project budget: €

Total eligible project budget: €

EU financial contribution requested: € = % of total eligible costs

*max. 300.000 €*  *max. 60% of total eligible costs*

# A2 – COORDINATING BENEFICIARY PROFILE

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COORDINATING BENEFICIARY Profile Information** | | | | | | | | | | | |
| **Legal Name** | | |  | | | | | | | | | |
| **Short Name**  **(max.10 characters)** | | |  | | | | | | **Legal Status** | | | |
| **VAT No** | | |  | | | | | | | | | |
| **VAT Reimbursement** | | | YES 󠅲 | | | NO 󠅲 | | | | | | |
| **Legal Registration No** | | |  | | | | | | | | | |
| **Registration Date** | | |  | | | | | | | | | |
| **PIC Number (not compulsory):** | | |  | | | | | | | | | |
| **Coordinating Beneficiary contact person information** | | | | | | | | | | | | |
| **Surname** | |  | | | | | **First Name** | | |  | | |
| **Title** | |  | | | **Function** | |  | | | | | |
| **E-mail address** | |  | | | | | | | | | | |
| **Telephone number** | |  | | | | | | | | | | |
| **Department / Service** | |  | | | | | | | | | | |
| **Street Name and No** | |  | | | | | | | | | **PO Box** |  |
| **Post Code** | |  | | | **Town/City** | | |  | | | | |
| **Member State** | |  | | | | | | | | | | |
| **Coordinating Beneficiary legal address and legal representative information** | | | | | | | | | | | | |
| **Surname** | |  | | | | | **First Name** | | |  | | |
| **Title** | |  | | | **Function** | |  | | | | | |
| **E-mail address** | |  | | | | | | | | | | |
| **Telephone number** | |  | | | | | | | | | | |
| **Department / Service** | |  | | | | | | | | | | |
| **Street Name and No** | |  | | | | | | | | | **PO Box** |  |
| **Post Code** | |  | | | **Town/City** | | |  | | | | |
| **Member State** | |  | | | | | | | | | | |
| **Website of the Coordinating Beneficiary** | | | | | | | | | | | | |
| **Website** | | | |  | | | | | | | | |
| **Brief description of the activities of the Coordinating Beneficiary (max 3200 characters)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

# A3 - 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 European Structural and Investment Funds or other European Union funding programmes. 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 Contracting Authority.
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 136(1), 136(4) and 141 of the EU Financial Regulation [Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, amending Regulations (EU) No 1296/2013, (EU) No 1301/2013, (EU) No 1303/2013, (EU) No 1304/2013, (EU) No 1309/2013, (EU) No 1316/2013, (EU) No 223/2014, (EU) No 283/2014, and Decision No 541/2014/EU and repealing Regulation (EU, Euratom) No 966/2012, OJ L 193, 30.7.2018, p. 1)].
3. My organisation will conclude with the 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 Contracting Authority. Such agreements will be based on the model proposed by the Contracting Authority.
4. My organisation will not apply for more than one project under the LIFE 2020 Preparatory Action Projects for NGOs call for proposals.

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

I have read in full the Model LIFE Grant Agreement with Special and General Conditions and the Financial Guidelines (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: .........................................................................................

# A4 - CO-FINANCER PROFILE AND COMMITMENT FORM

*(complete for each co-financer)*

|  |
| --- |
| **Legal Name and full address on the co-financer** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Name** |  | | | | |
| **Street Name and No** |  | | | **PO Box** |  |
| **Post Code** |  | **Town/City** |  | | |
| **Member State** |  | | | | |

|  |  |
| --- | --- |
| **Financial commitment** | |
| **We will contribute the following amount to the project:** | **….. Euro** |
| **Status of the financial commitment** | |
|  | |
| **Comments** | |
|  | |

At ................................................. on........................................................

Signature of the Co-financer: ……………….

Name(s) and status of signatory: ……………….

YOU MAY DUPLICATE THIS PAGE

# B1 - DESCRIPTION OF THE INTERVENTION

(max 1 page)

|  |
| --- |
| *Please provide*   * *A description of the background situation and the relevant stakeholders* * *An analysis of the existing needs* * *The specific objectives of the intervention and how it will contribute to the objectives of the call for proposals* |

# B2 – DETAILED DESCRIPTION OF THE WORK PACKAGES

(max 10 pages)

*Each work package (WP) must have a reference and a name and full consistency must be ensured throughout the Application Form. A* ***maximum of 5 WP*** *can be described.*

|  |  |
| --- | --- |
| **Work Package 1: [Name, e.g. Awareness Campaign]** | |
| **Duration:** | MX - MX |
| ***Activities & Means*** | |
| * 1. **[Activity Name]**:   Description… (what, how, where, when and why?)   * 1. **[Activity Name]**:   Description… (what, how, where, when and why?) | |
| **Expected Results** | |
| * *List the expected results providing quantitative and qualitative data and how they are going to be monitored.* | |
| **Deliverables** | |
| * ***Deliverables*** *are project outputs. Refer only to major outputs providing quantitative and qualitative data.* | |
|  | |
|  | |
| **Milestones** | |
| * ***Milestones*** *are control points in the project that help to chart progress. Use them only for major outputs.* | |
| **Expected risks and constraints:** | |
| **Continuation/valorisation of results:** | |

*To insert additional work packages, copy WP1.*

# B3 – Estimated total eligible costs per work package

(max 1 page per WP)

Means required (resources allocation must be explained and justified including estimated person/days needed for staff and experts) etc. Please ensure full coherence with the Financial Forms.

|  |  |  |
| --- | --- | --- |
| **Work Package 1: [Name, e.g. Awareness Campaign]** | | |
|  | **Cost (€)** | **Justification** |
| **Direct personnel costs calculated on the basis of unit costs** |  |  |
| **Travel and subsistence costs** |  |  |
| **Durable goods** |  |  |
| **Other direct costs** |  |  |
| **Total direct costs** |  |
| **Indirect costs (standard flat rate of 7% of the total eligible direct costs)** |  |
| **TOTAL COSTS (total direct costs + indirect costs)** |  |

*To insert additional work packages, copy WP1.*

# B4 – TIMETABLE

(max 4 pages)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Fill in cells in grey to show the duration of all activities ordered by work package and using the number and name. Repeat lines/columns as necessary.*  ***Note:*** *Use the project month numbers instead of calendar months. Month 1 marks always the start of the project. In the timeline you should indicate the timing of each main activity per WP.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTIVITY** | **MONTHS** | | | | | | | | | | | | | | | | | | | | | | | |
| **M 1** | **M 2** | **M 3** | **M 4** | **M 5** | **M 6** | **M 7** | **M 8** | **M 9** | **M 10** | **M 11** | **M 12** | **M 13** | **M 14** | **M 15** | **M 16** | **M 17** | **M 18** | **M 19** | **M 20** | **M 21** | **M 22** | **M 23** | **M 24** |
| **Work Package 1: [Name, e.g. Awareness Campaign]** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity 1.1 - …** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 1.2 - …** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity …** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Work Package 2: [Name]** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity 2.1 - …** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity 2.2 - …** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Activity …** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |