

TECHNICAL APPLICATION FORMS Part A – administrative information

LIFE15 ENV/IT/000415



Coordinating Beneficia	ary Profile Informa	ation				7.7
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Legal Name	1					
Short Name	1 _				Legal Status	
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Legal Registration No					Private commercial	
Registration Date					Private non- commercial	
Pic Number						
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COORDINATING BENEFICIARY DECLARATION

The undersigned hereby certifies that:

- 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 control orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 106(1) and 107 of Council Regulation No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union (OJ L298 of 26.10.2012).
- 3. My organisation (which is legally registered in the European Union) will contribute ______ € to the project. My organisation will participate in the implementation of the following actions: A1, B1, B2, B3, B4, B5, C1, C2, C4, C5, D1, D2, E1, E2, E3, E4. The estimated total cost of my organisation's part in the implementation of the project is) €.
- 4. My organisation will conclude with the associated beneficiaries and co-financers 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. They will describe clearly the tasks to be performed by each associated beneficiary and define the financial arrangements.
- I commit to comply with all relevant eligibility criteria, as defined in the LIFE Multiannual Work Programme 2014-2017 and the LIFE Call for Proposals including the LIFE Guidelines for Applicants.

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).

Signature of the Coordinating Beneficiary:

Name(s) and status of signatory:

^{*} When this form is completed, please print, sign, scan and upload it in eProposal

Associated Beneficiary	y profile informatio	on					
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Short Name				L	egal Status		
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VAT number , hereinafter referred to as "the associated beneficiary", for the purposes of the signature and the implementation of the grant agreement with the Contracting Authority (hereinafter referred to as "the grant agreement") hereby:
1. Mandate .
1. Mandate
Mandate the coordinating beneficiary to act on behalf of the associated beneficiary in compliance with the grant agreement.
I hereby confirm that the associated beneficiary accepts all terms and conditions of the grant agreement and, in particular, all provisions affecting the coordinating beneficiary and the associated beneficiaries. In particular, I acknowledge that, by virtue of this mandate, the coordinating beneficiary alone is entitled to receive funds from the Contracting Authority and distribute the amounts corresponding to the associated beneficiary"s participation in the action.
I hereby accept that the associated beneficiary will do everything in its power to help the coordinating beneficiary fulfil its obligations under the grant agreement, and in particular, to provide to the coordinating beneficiary, on its request, whatever documents or information may be required.
I hereby declare that the associated beneficiary agrees that the provisions of the grant agreement, including this mandate, shall take precedence over any other agreement between the associated beneficiary and the coordinating beneficiary which may have an effect on the implementation of the grant agreement.
I furthermore certify that:
1. The associated beneficiary 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 106(1) and 107 of Council Regulation No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union (OJ L298 of 26.10.2012).
2. The associated beneficiary will contribute 70,574 € to the project. My organisation will participate in the implementation of the following actions: B1, B2, B3, B5, C1, C2, C3, C4, C5, D1, D2, E1, E2. The estimated total cost of my organisation's part in the implementation of the project is 168,933 €.
3. The associated beneficiary 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 Contracting Authority. This agreement will be based on the model proposed by the Contracting Authority. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.
4. I commit to comply with all relevant eligibility criteria, as defined in the LIFE Multiannual Work Programme 2014-2017 and the LIFE Call for Proposals including the LIFE Guidelines for Applicants.
This declaration and mandate shall be annexed to the grant agreement and shall form an integral part thereof.
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 Associated Beneficiary:
Name(s) and status/function of signatory:
 Forename and surname of the legal representative of the future associated beneficiary signing this mandate. When the form is completed, please print, sign, scan and upload it in eProposal



I, the undersigned,
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referred to as "the associated beneficiary", for the purposes of the signature and the implementation of the
grant agreement () acces to the form of the same of t
(hereinafter referred to as "the grant agreement") hereby:
1. Mandate I
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beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent
amendments with the Contracting Authority.
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2. Mandate the coordinating beneficiary to act on behalf of the associated beneficiary in compliance with the grant agreement.

I hereby confirm that the associated beneficiary accepts all terms and conditions of the grant agreement and, in particular, all provisions affecting the coordinating beneficiary and the associated beneficiaries. In particular, I acknowledge that, by virtue of this mandate, the coordinating beneficiary alone is entitled to receive funds from the Contracting Authority and distribute the amounts corresponding to the associated beneficiary"s participation in the action.

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- 2. The associated beneficiary will contribute 158,666 € to the project. My organisation will participate in the implementation of the following actions: A1, B1, B2, B3, B6, C1, C2, C5, D1, D2, E1, E2. The estimated total cost of my organisation's part in the implementation of the project is 389,165 €.
- 3. The associated beneficiary 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 Contracting Authority. This agreement will be based on the model proposed by the Contracting Authority. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.
- 4. I commit to comply with all relevant eligibility criteria, as defined in the LIFE Multiannual Work Programme 2014-2017 and the LIFE Call for Proposals including the LIFE Guidelines for Applicants.

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Signature of the Associated Beneficiary:

Name(s) and status/function of signatory:

1. Forename and surname of the legal representative of the future associated beneficiary signing this mandate.

2. When the form is completed, please print, sign, scan and upload it in eProposal



I. the undersinged (1), representing, (2)
VAT number, hereinafter referred to as "the associated beneficiary", for the purposes of the signature and the implementation of the grant agreement with the Contracting Authority (hereinafter referred to as "the grant agreement") hereby:
1. Mandate .
beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent amendments with the Contracting Authority.
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I furthermore certify that:

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and the information provided is correct.
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At when you

Signature of the Associated Beneficiary:

Name(s) and status/function of signatory:

1. Forename and surname of the legal representative of the future associated beneficiary signing this mandate.

2. When the form is completed, please print, sign, scan and upload it in eProposal

OTHER PROPOSALS SUBMITTED FOR EUROPEAN UNION FUNDING

Please answer each of the following questions:

• H	lave you or any of your associated bene please cite LIFE project reference number cordinating beneficiary and/or partners in	eficiaries already benefited from prev r, title, year, amount of the co-financin nvolved): (Mp×ነሣሀጣ ር ሁንብ ሉርናቴደ	ious LIFE cofinancing? g, duration, name(s) of ょ、500)
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・For those actions which fall within the eligibility criteria for financir funding programmes, <u>please explain in full detail</u> why you consi suited to financing through LIFE and are therefore included in the c (MRM WUM (ルイルに存れて、 5000)	der that	those ac	tions are	hette
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LIFE15 ENV/IT/000415

TECHNICAL APPLICATION FORMS

Part B - technical summary and overall context of the project

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Project objectives: (MAXIMVM	CHARACTARS: 2500)
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Actions and means involved: (M)	IMUM CHARACTERS: 2500)
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Is your project significantly biodiversity-related? Yes No .
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Reasons why the proposal falls under the selected project topic(s):(Maximum Clymnnifing: 2500)

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Project objectives:		
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Actions and means involved:		
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SUMMARY DESCRIPTION OF THE PROJECT (Max. 3 pages; to be completed in national language)

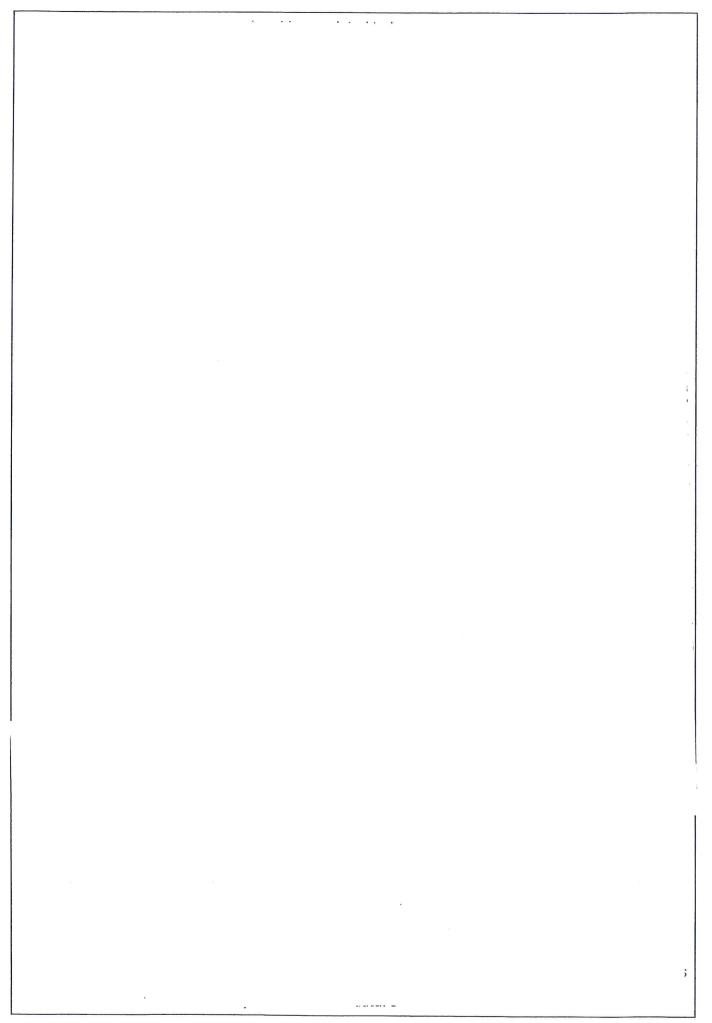
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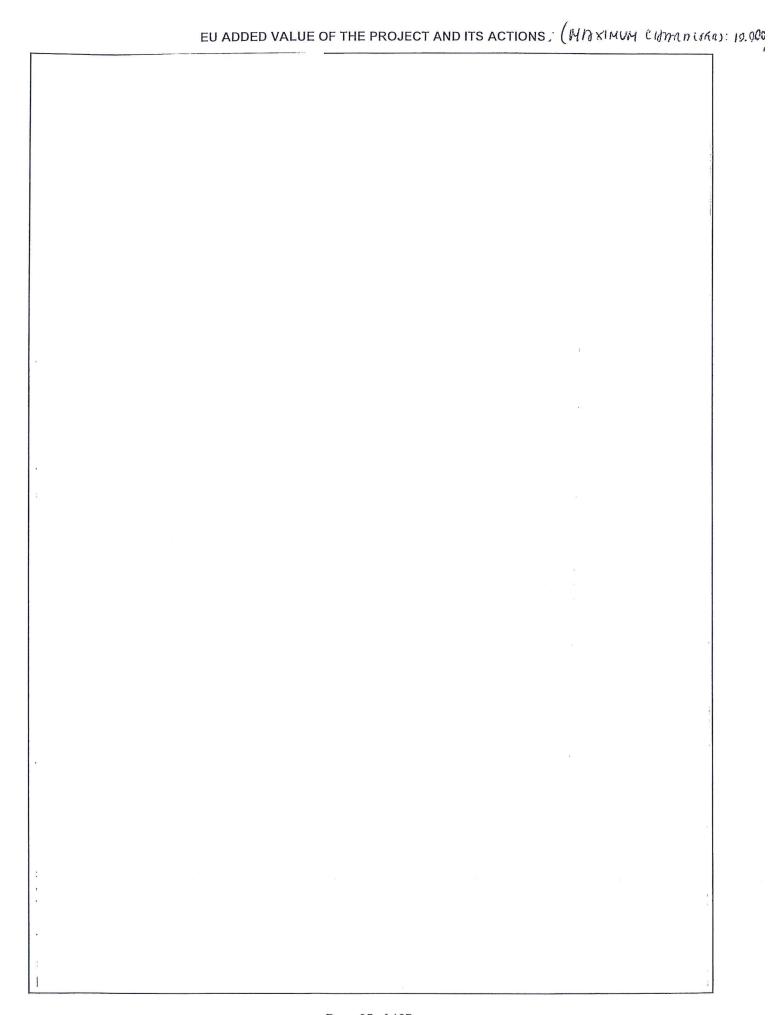
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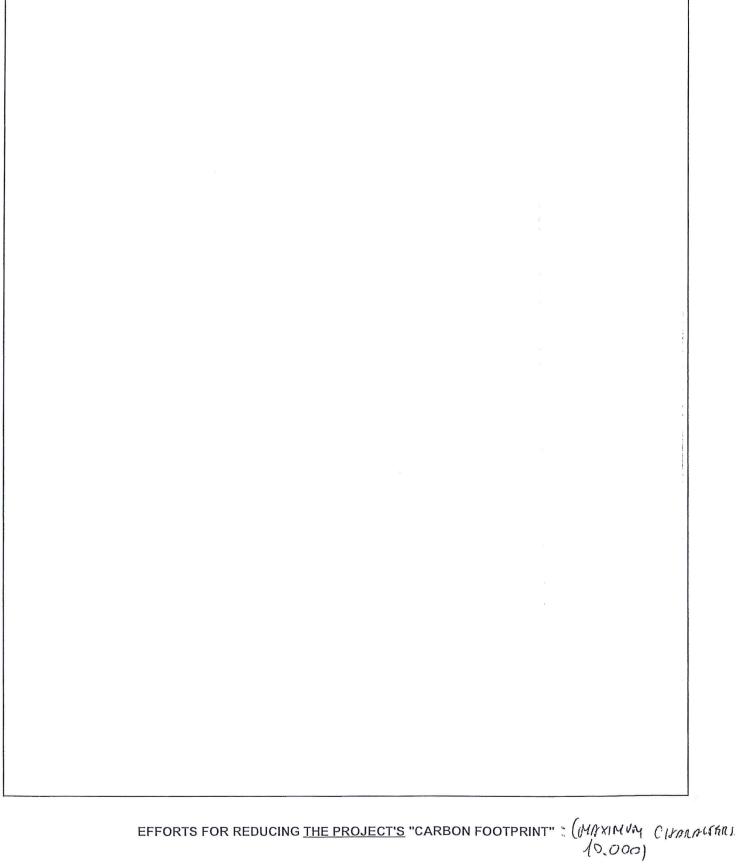
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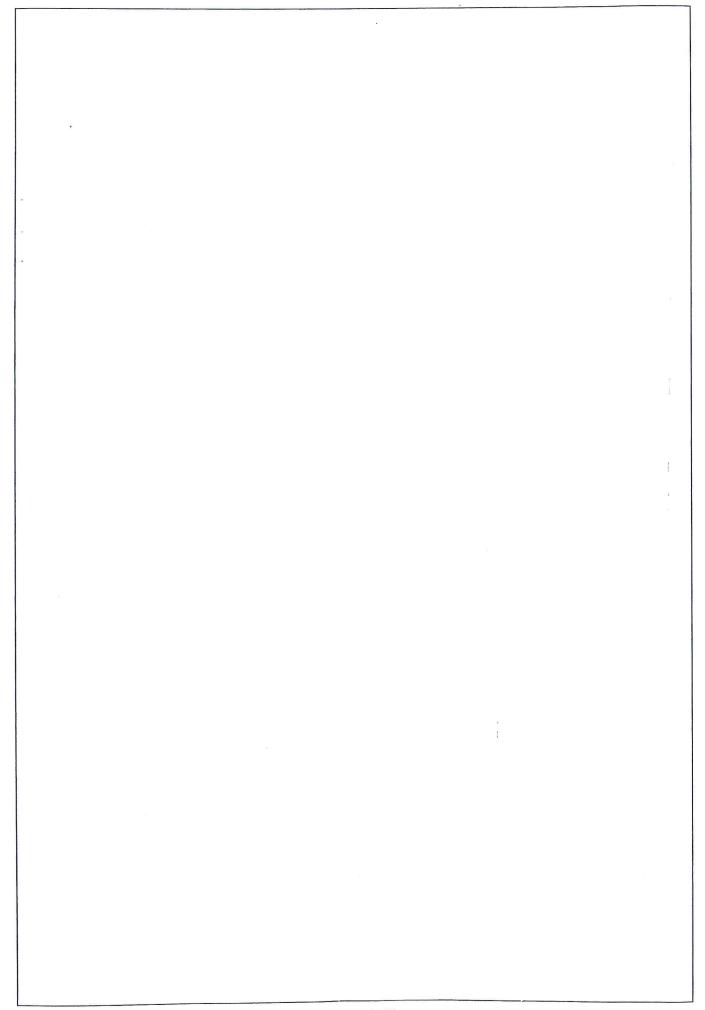


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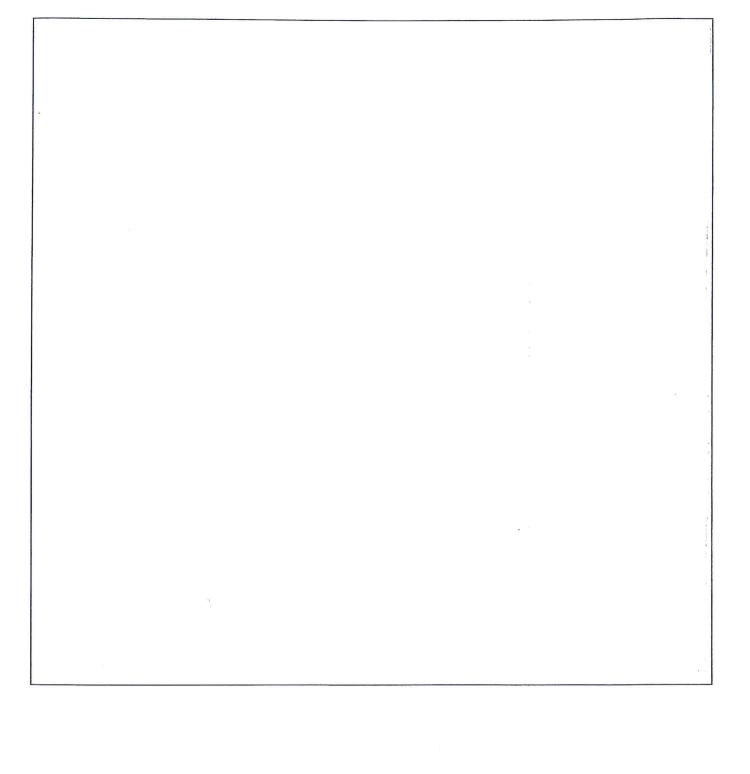
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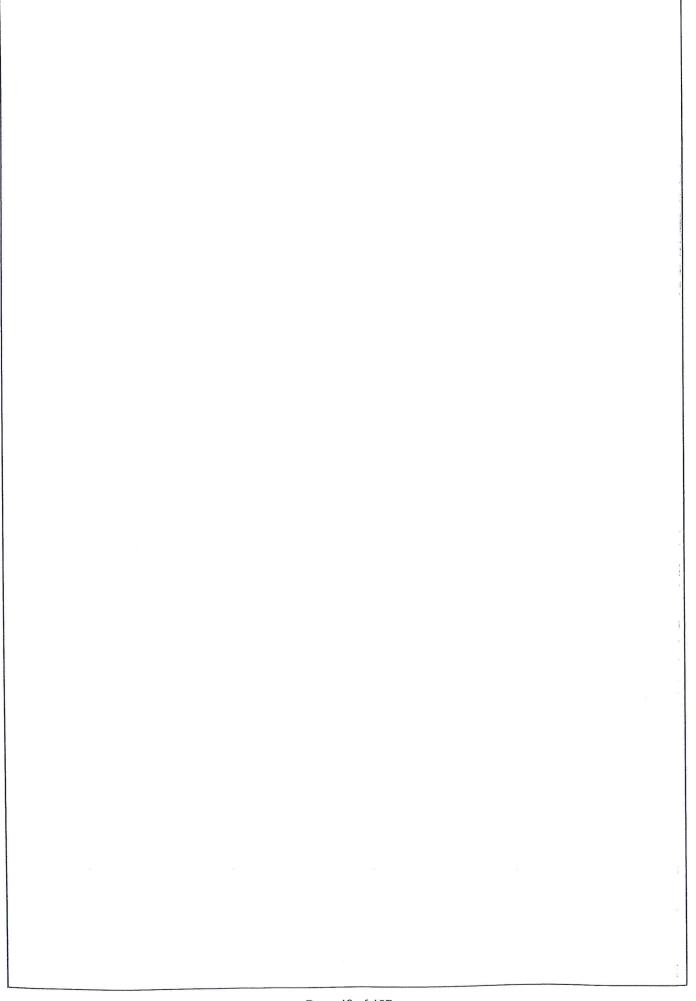




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w will this be act	nieved? What resource	es will be necessa	ry to carry out these	actions? (M/⊁xiMv	M CHARITAN
ow will this be act	nieved? What resource	es will be necessa	ry to carry out these	actions? (M/⊁xiM√	M CHARITKA

To what extent will the results and lessons those persons and/or organisations persons/organisations)? (M/) XIMUM	that could best make use	ninated after the end of them (please	of the project to identify these
Loren			



LIFE15 ENV/IT/000415

TECHNICAL APPLICATION FORMS

Part C – detailed technical description of the proposed actions

LIST OF ALL PROPOSED ACTIONS

A. P	reparatory actions (if needed)	
A1		
B. Ir	mplementation actions (obligatory)	
В1		
B2		÷
ВЗ		
В4		
B5	•	
В6		
C. M	lonitoring of the impact of the project actions (obligatory)	
C1		=
C2	l control of the cont	
C3		
C4		
C5	·	
CJ		
D. P	ublic awareness and dissemination of results (obligatory)	
D1		
D2	į į	
E. P	roject management (obligatory)	
E1		
E2		
E3		
E4		

DETAILS OF PROPOSED ACTIONS

ACTION TITLE:			
Description and methods employed (what, how	, where,	when and w	why):
What, How and Why:			

Where:

When:

Beneficiary responsible for implementation:

A. Preparatory actions (if needed)

Assumptions related to major costs of the action:

A1's PROJECT DELIVERABLE PRODUCTS

Del	verable name	Deadline
	K.e	
	· ·	

A1's PROJECT MILESTONES

Milestone name	Deadline

B. Implementation actions (obligatory)

ACTION TITLE : (B)

<u>wnere</u> :	
When:	
Beneficiary responsible for implementation:	•
·	
Assumptions related to major costs of the acti	on: (MAXIMUM CHARAGERAS: 2000)

Page 57 of 137

B1's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

B1's PROJECT MILESTONES

	Milestone name	Deadline
8 6		

B. Implementation actions (obligatory)

ACTION FITLE (B2).

Description and methods employed (what, how, where, when and why):

What, How and Why: (MMXIMUM CHARRACTER): 20001

Where:

When:

Beneficiary responsible for implementation:

Assumptions related to major costs of the action: (MAXIMUM Clapanicans: 7000)

B2's PROJECT DELIVERABLE PRODUCTS

 Deliverable name	Deadline

B2's PROJECT MILESTONES

	Deadline			
		* * * * * ,		
	ī .			

C. Monitoring of the impact of the project actions (obligatory)

ACTION FITH (C1)

Description and methods employed (what, how, where, when and why):

What, How and Why: (MIDXIMUM CHARACTERS: 7000)

L	IF	E1	5	EN	V	/IT	00/	04	15	-	Clo
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<u>Where:</u>

When: 1

Beneficiary responsible for implementation:

Assumptions related to major costs of the action: (MBMMVM CIJMnC(Kn):2900)

C1's PROJECT DELIVERABLE PRODUCTS

	Deadline	
	· · · ·	,
	C1's PROJECT MILESTONES	
	Milestone name	Deadline
	*	

C. Monitoring of the impact of the project actions (obligatory)

ACTION TITLE (CZ)

Description and methods employed (what, how, where, when and why): What, How and Why: (MWXIMUM CITRAS: Z000)

LIFE15 EN	IV/IT	0004	15 - C1
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vv	11	-

When:

Beneficiary responsible for implementation:

Assumptions related to major costs of the action: (MAXIMUM CIFARIC TERS: 2000)

C2's PROJECT DELIVERABLE PRODUCTS

	Deliverable name	Deadline
1		

C2's PROJECT MILESTONES

Milestone name	Deadline
3	

The state of the s	D.	Public	awareness	and	dissemination	of	results	(obligatory)
--	----	---------------	-----------	-----	---------------	----	---------	--------------

ACTION THILE (6)

Description and methods employed (what, how, where, when and why):

D1.1 Web-site (MAXIMUM CHAMACKA): X000)

Methods employed:

Target groups:

D1.2 Dissemination material

Main target groups:

D1.3 Articles

<u>Main target groups:</u>

D1.4 Layman's report

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D1.5 Video

Page 91 of 137

D1.6 Manual	
J	
I .	
The global Action expected results are:	
•	
Beneficiary responsible for implementation:	
Assumptions related to major costs of the action:	
Page 92 of 137	
I AND DE ULTUI	

Main target groups:

D1's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline
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	(

D1's PROJECT MILESTONES

Milestone name	Deadline

D.	Public	awareness	and	dissemination	of	results	(obligatory)

ACTION TITLE (BZ)

Description and methods employed (what, how, where, when and why): (M. C. : 1000)
D2.1 Workshops

Action results:

D2.2 Fairs

	LIFE15 ENV/IT/000415 - C3
Target groups (in relation to the place and the event characteristics):	
Action result:	
D2.3 Networking and Dissemination to Institutions and policy makers	
Action result:	
Page 96 of 137	

Beneficiary responsible for implementation:

D2's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

D2's PROJECT MILESTONES

Milestone name	Deadline	

E. Project management (obligatory)

ACTION TITLE (21)

Description and methods employed (what, how, where, when and why): (M.C.: * 900)

al

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Action Results:

Beneficiary responsible for implementation:

Assumptions related to major costs of the action: (M.C.:2000)

E1's PROJECT DELIVERABLE PRODUCTS

	Deliverable name	Deadline
(

E1's PROJECT MILESTONES

Milestone name	Deadline

E. Project management (obligatory)

. ACTION TITLE (R1)

Description and methods employed (what, how, where, when and why): (M.C: 1900)

Methods employed:

Action result:

Beneficiary responsible for implementation:

Assumptions related to major costs of the action: (M.C.: 2000)

E2's PROJECT DELIVERABLE PRODUCTS

	Deliverable name	Deadline
,		

E2's PROJECT MILESTONES

Milestone name	Deadline

Ε.	Pro	iect	manac	gement	(obligatory)	
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ACTION TITLE (FZZ)

Description and methods employed (what, how, where, when and why):

Methods employed:

Action Result:

Beneficiary responsible for implementation:

Assumptions related to major costs of the action:

E3's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

E3's PROJECT MILESTONES

	Milestone name	Deadline
1		

DELIVERABLE PRODUCTS OF THE PROJECT

Name of the Deliverable	Number of the associated action	Deadline
		- · -
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		311
		<u>.</u>

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MILESTONES OF THE PROJECT

Name of the Milestone	Number of the associated action	Deadline
		2 · !
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<u> </u>	·
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ACTIVITY REPORTS FORESEEN

Please indicate the deadlines for the following reports:

- 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 payment request (for project longer than 24 months or with Eu contibution of more than EUR300,000)
- Final Report with payment request (to be delivered within 3 months after the end of the project)

Type of report	Deadline
	7

TIMETABLE

Action	2016 2017	2018 2019 2020 2021
Action Name of the action		
A. Preparatory actions (if needed)		
A.1		
B. Implementation actions (obligatory)		
B.1		
B.2		
B.3 1		
B.4 F		
B.5.		
B.6		
C. Monitoring of the impact of the project actions (obligatory)	(obligatory)	
C.1		
C.2 '		
C.3 14	~	
C.4 F		
C.5	٠٠٠	
D. Public awareness and dissemination of results (oblig	ā	
D.1		
D.2	у	
E. Project management (obligatory)		
E.1		
E.2		
E.3		

E.4



LIFE15 ENV/IT/000415 FINANCIAL APPLICATION FORMS Part F – financial information

Budget breakdown cost categories	Total cost in €	Eligible Cost in €	% of total eligible costs
1. Personnel	2	-	
2. Travel and subsistence)	,	
3. External assistance	})
4. Durable goods			4 A 1
Infrastructure	.)	0	~ ;
Equipment)		ó
Prototype)	0	'n
5. Land		Not applicable	
6. Consumables		}	
7. Other costs)		
8. Overheads			
Total	.)	כ	j

Contribution breakdown	ljn€	% of total	% of total eligible costs
EU contribution requested		 J	.)
Coordinating Beneficiary's contribution	-	,	
Associated Beneficiaries' contribution		1	
Co-financers contribution		1	
Total)	- 0	

Coordinating Bene Country code	eficiary's contribution Beneficiary short name	Total costs of the actions in € (including overheads)	Beneficiary's own contribution in €	Amount of EU contribution requested in €
	ι	;		7

Associated Benefi	ciaries' contribution			
Country code	Beneficiary short name	Total costs of the actions in € (including overheads)	Associated beneficiary's own contribution in €	Amount of EU contribution requested in €
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	(5	,	و
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TOTAL Associated E	Beneficiaries	2 CA TO	,	

'	!	es	TOTAL All Beneficiaries
			TOTAL All Delicitionies

Co-financers contribution	
Co-financer's name	Amount of co- financing in €
TOTAL)

	16	(T I	
Overhead amount (€)					
Total direct costs of the project in €	(()				
Beneficiary short name)	1		

Proposal attachments			
		Included	36
Attachment type	Yes	No	ō
Attachment title			
			1
P			1
			1
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<u></u>			1
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