



LIFE Environment and Resource Efficiency

TECHNICAL APPLICATION FORMS

Part A – administrative information



LIFE Environment and Resource Efficiency project application

Language of the proposal:

English (en)

Project title:

... ..

Project acronym:

The project will be implemented in the following Member State(s) and Region(s) or other countries:

... ..

Expected start date:

Expected end date:

LIST OF BENEFICIARIES

LIST OF CO-FINANCERS

PROJECT BUDGET AND REQUESTED EU FUNDING

SECTOR

Coordinating Beneficiary Profile Information

Legal Name			
Short 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"/>
Pic Number			

Legal address of the Coordinating Beneficiary

Street Name and No			
Post Code		PO Box	
Town / City			
Member State			

Coordinating Beneficiary contact person information

Title		Function	
Surname			
First Name			
E-mail address			
Department / Service			
Street Name and No			
Post Code		PO Box	
Town / City			
Member State			
Telephone No		Fax No	

Website of the Coordinating Beneficiary

Website	
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Brief description of the Coordinating Beneficiary's activities and experience in the area of the

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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 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 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.
5. 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).

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:

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

ASSOCIATED BENEFICIARY PROFILE

Associated Beneficiary profile information

Legal Name			
Short Name		Legal Status	
VAT No		Public body	
Legal Registration No		Private commercial	
Registration Date		Private non- commercial	
Pic Number			

Legal address of Associated Beneficiary

Street Name and No		PO Box	
Post Code	Town / City		
Member State or other Country			

Website of Associated Beneficiary

Website	
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Brief description of the Associated Beneficiary's activities and experience in the area of the proposal

ASSOCIATED BENEFICIARY PROFILE

Associated Beneficiary profile information			
Legal Name			
Short 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"/>
Pic Number			
Legal address of Associated Beneficiary			
Street Name and No		PO Box	<input type="checkbox"/>
Post Code		Town / City	
Member State or other Country			
Website of Associated Beneficiary			
Website			
Brief description of the Associated Beneficiary's activities and experience in the area of the proposal			

ASSOCIATED BENEFICIARY PROFILE

Associated Beneficiary profile information				
Legal Name				
Short Name			Legal Status	
VAT No			Public body	
Legal Registration No			Private commercial	
Registration Date			Private non- commercial	
Pic Number				
Legal address of Associated Beneficiary				
Street Name and No				PO Box
Post Code		Town / City		
Member State or other Country				
Website of Associated Beneficiary				
Website				
Brief description of the Associated Beneficiary's activities and experience in the area of the proposal				
<div style="border: 1px solid black; min-height: 200px;"></div>				

ASSOCIATED BENEFICIARY PROFILE

Associated Beneficiary profile information				
Legal Name				
Short Name		Legal Status		
VAT No		Public body		
Legal Registration No		Private commercial		
Registration Date		Private non- commercial		
Pic Number				
Legal address of Associated Beneficiary				
Street Name and No			PO Box	
Post Code		Town / City		
Member State or other Country				
Website of Associated Beneficiary				
Website	/			
Brief description of the Associated Beneficiary's activities and experience in the area of the proposal				



ASSOCIATED BENEFICIARY DECLARATION and MANDATE

I, the undersigned, (1), representing,
 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 , VAT number , represented by (hereinafter referred to as "the coordinating beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent amendments with the Contracting Authority.
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.

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: *[Handwritten Signature]*

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



ASSOCIATED BENEFICIARY DECLARATION and MANDATE

I, the undersigned, (1), representing, hereinafter referred to as "the associated beneficiary", for the purposes of the signature and the implementation of the grant agreement Authority (hereinafter referred to as "the grant agreement") hereby:

1. Mandate I represented by (hereinafter referred to as "the coordinating beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent amendments with the Contracting Authority.
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.

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 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.

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.

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Signature of the Associated Beneficiary:

Name(s) and status/function of signatory:

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



ASSOCIATED BENEFICIARY DECLARATION and MANDATE

I, the undersigned, (1), representing,
 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 VAT number, represented by (hereinafter referred to as "the coordinating beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent amendments with the Contracting Authority.

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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Signature of the Associated Beneficiary: *[Handwritten Signature]*

Name(s) and status/function of signatory:

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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.

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At

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:

- Have you or any of your associated beneficiaries already benefited from previous LIFE cofinancing? (please cite LIFE project reference number, title, year, amount of the co-financing, duration, name(s) of coordinating beneficiary and/or partners involved): (MAXIMUM CHARACTERS: 5000)

[Empty response box for providing details of previous LIFE cofinancing]

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- Have you or any of the associated beneficiaries submitted any actions related directly or indirectly to this project to other European Union funding programmes? To whom? When and with what results?
(Maximum characters: 5000)

f

- For those actions which fall within the eligibility criteria for financing through other European Union funding programmes, **please explain in full detail** why you consider that those actions are better suited to financing through LIFE and are therefore included in the current project:

(MAXIMUM CHARACTERS: 5000)



LIFE15 ENV/IT/000415

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:

Sustainable COol Policies for urban Environment

Project objectives: (MAXIMUM CHARACTERS: 2500)

[Empty box for project objectives]

Actions and means involved: (MAXIMUM CHARACTERS: 2500)

[Empty box for actions and means involved]

Expected results (outputs and quantified achievements): (MAXIMUM CHARACTERS: 2500)

Is your project significantly climate-related? Yes No

Is your project significantly biodiversity-related? Yes No

The proposal addresses the following project topic(s):

Reasons why the proposal falls under the selected project topic(s): (Maximum characters: 2500)

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

Project title:

Project objectives:

Actions and means involved:

Expected results (outputs and quantified achievements):

Is your project significantly climate-related? Yes No

Is your project significantly biodiversity-

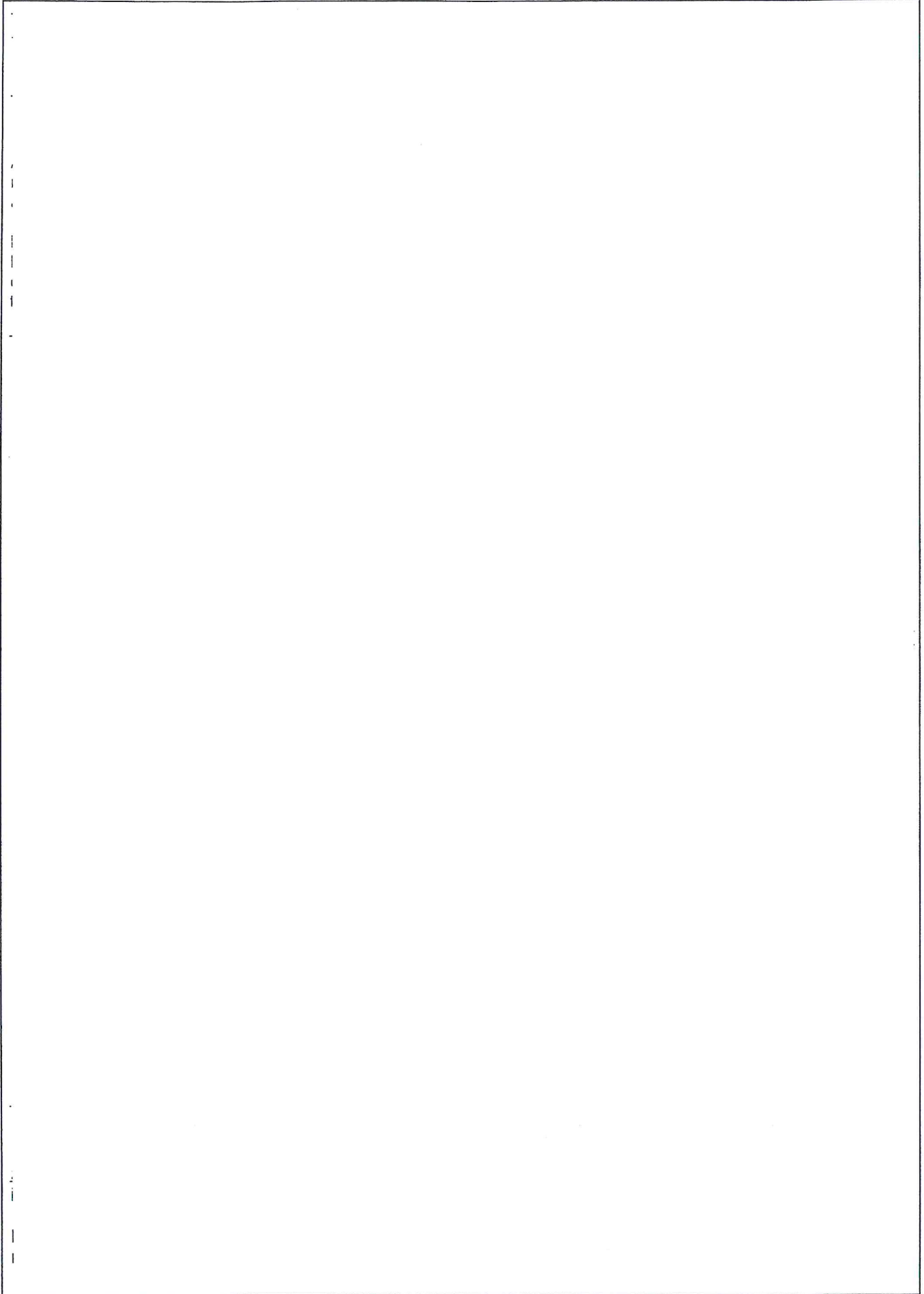
Yes No

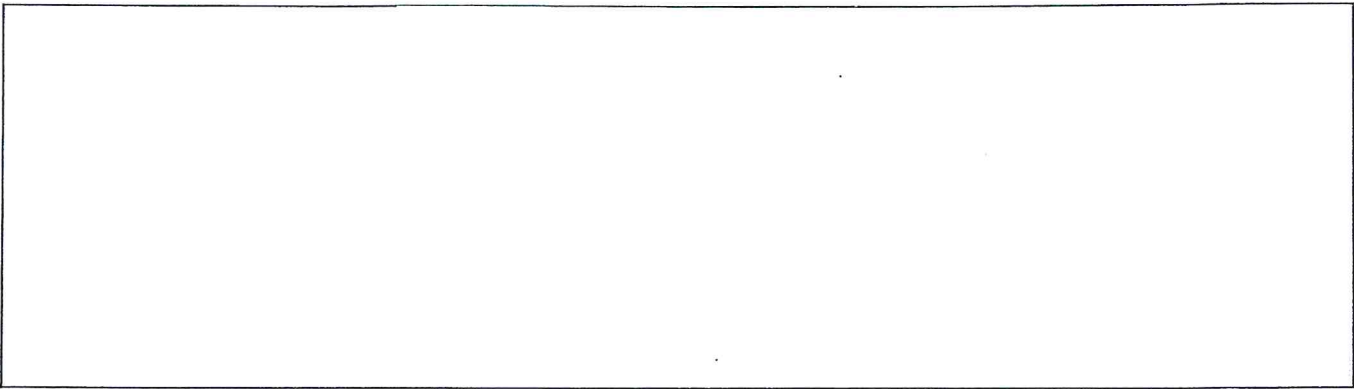
The proposal addresses the following project topic(s):

Reasons why the proposal falls under the selected project topic(s):

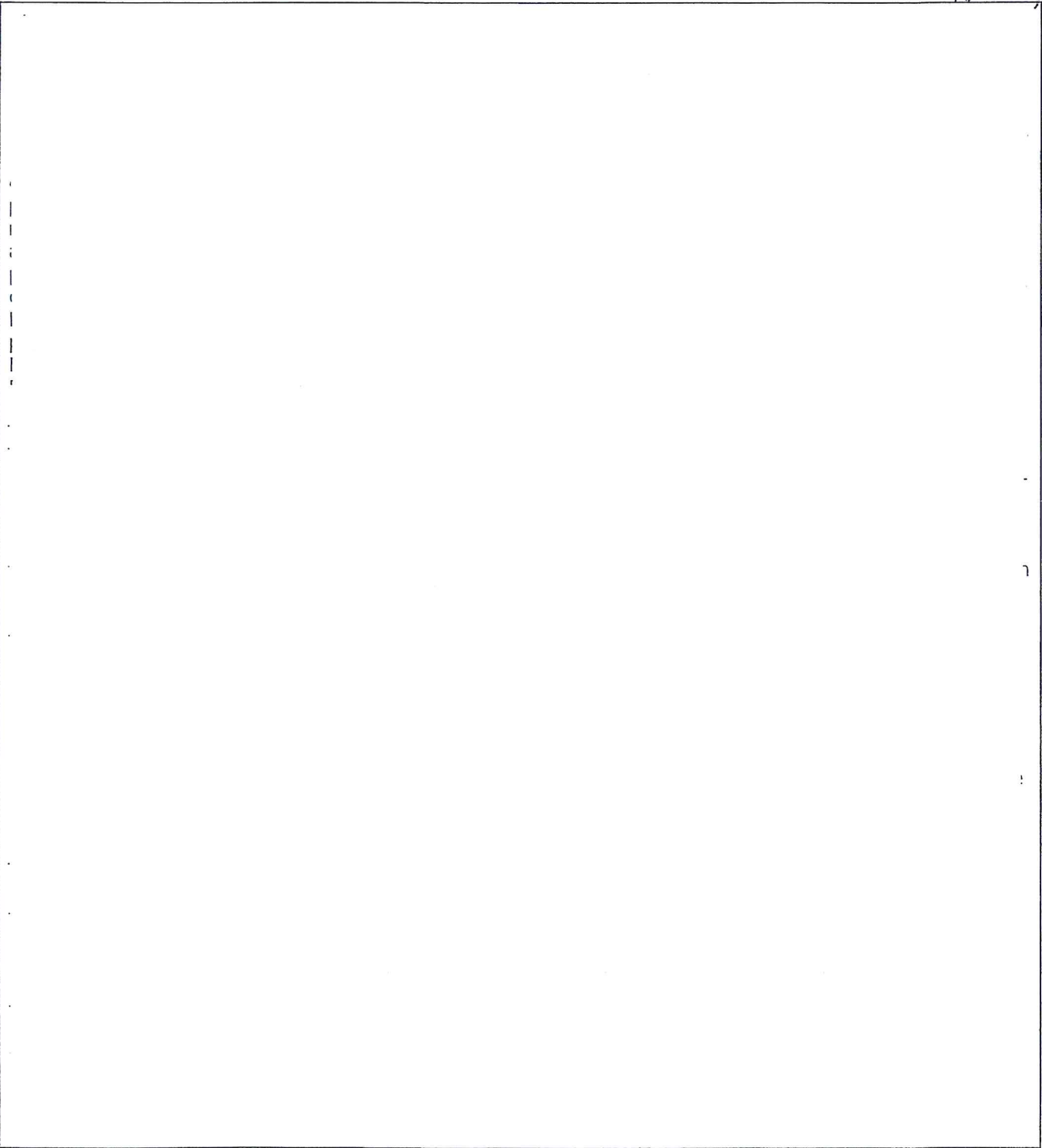
[Empty text box for reasons]

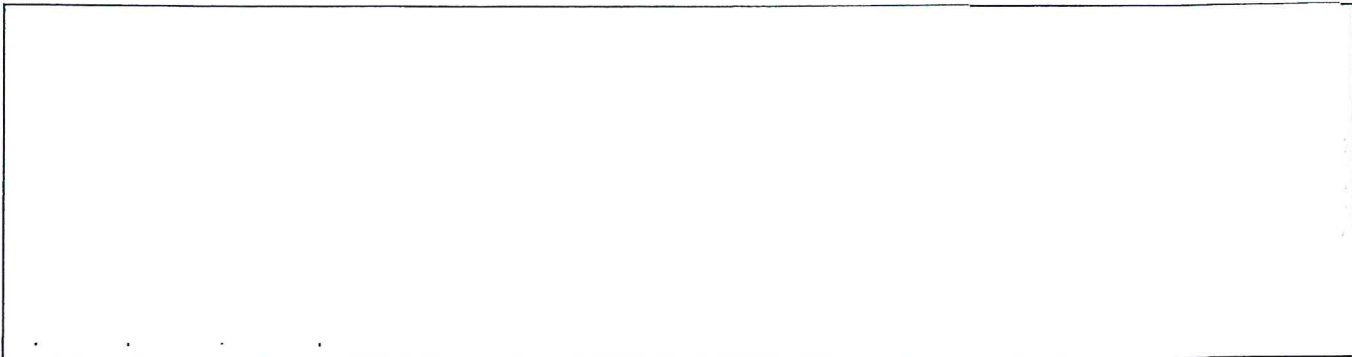
ENVIRONMENTAL PROBLEM TARGETED : (MAXIMUM COUNTERPARTS: 10,000)

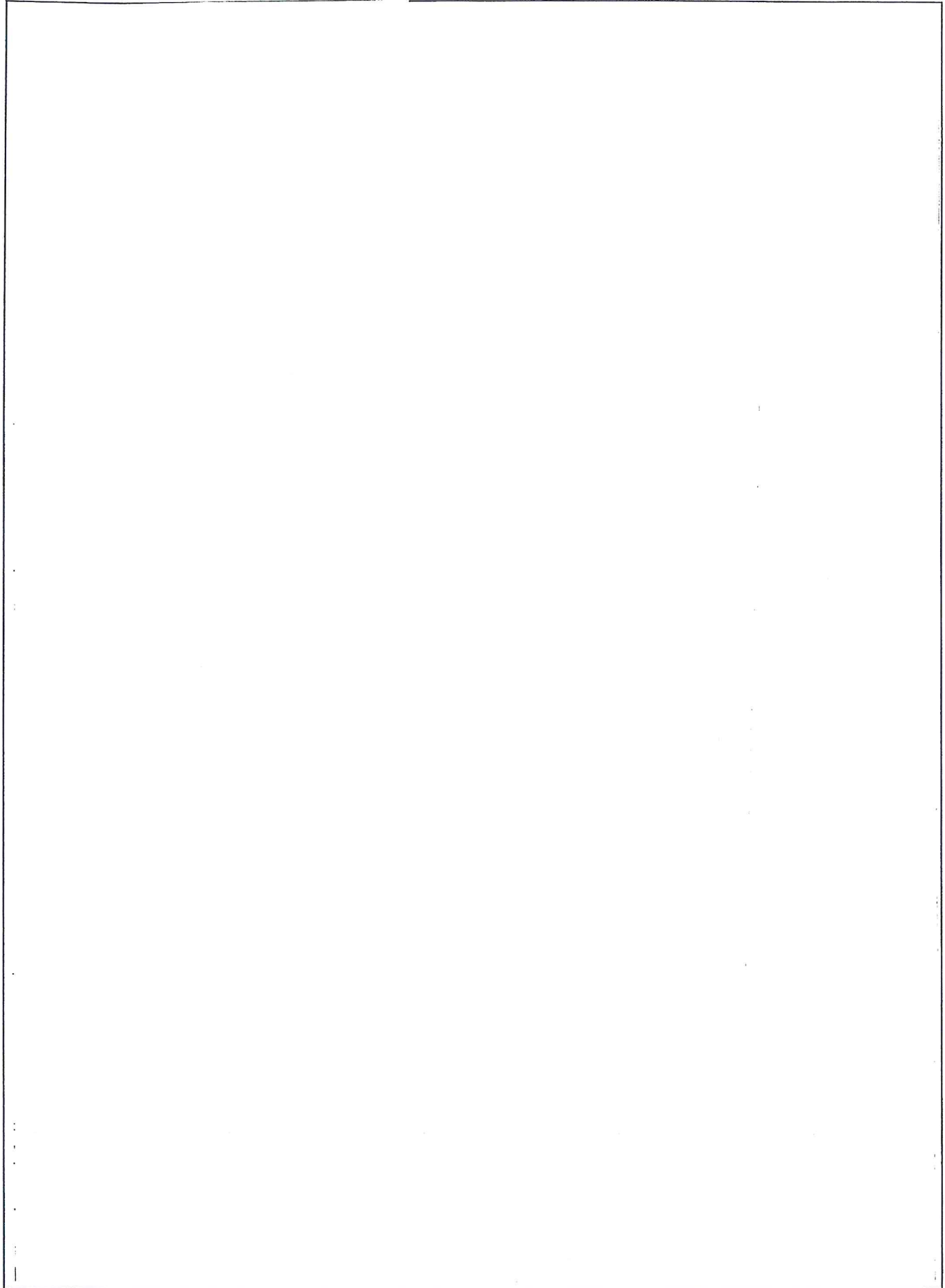


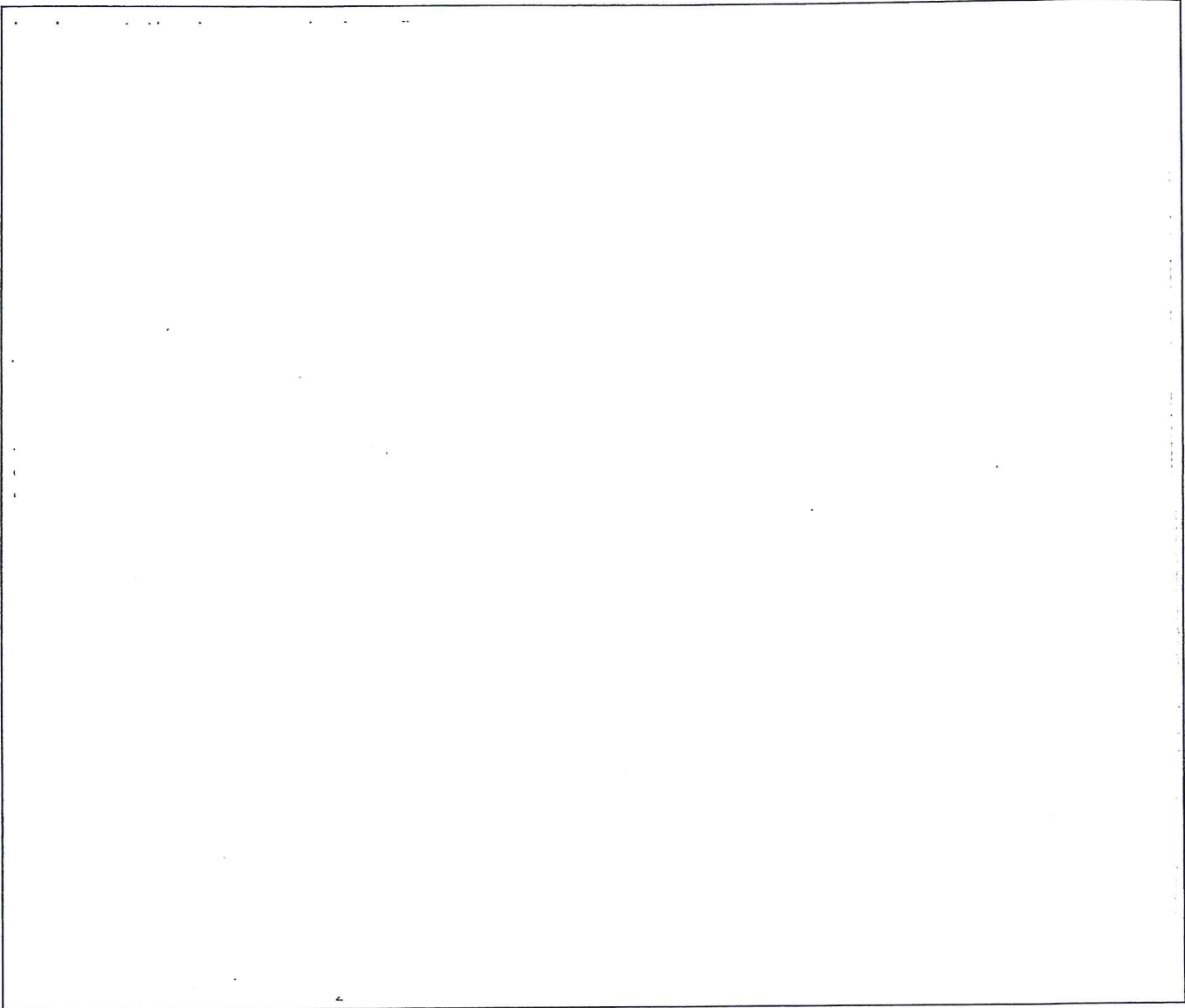


PROJECT PILOT / DEMONSTRATION CHARACTER OF THE PROJECT : (Maximum Character 10-000)

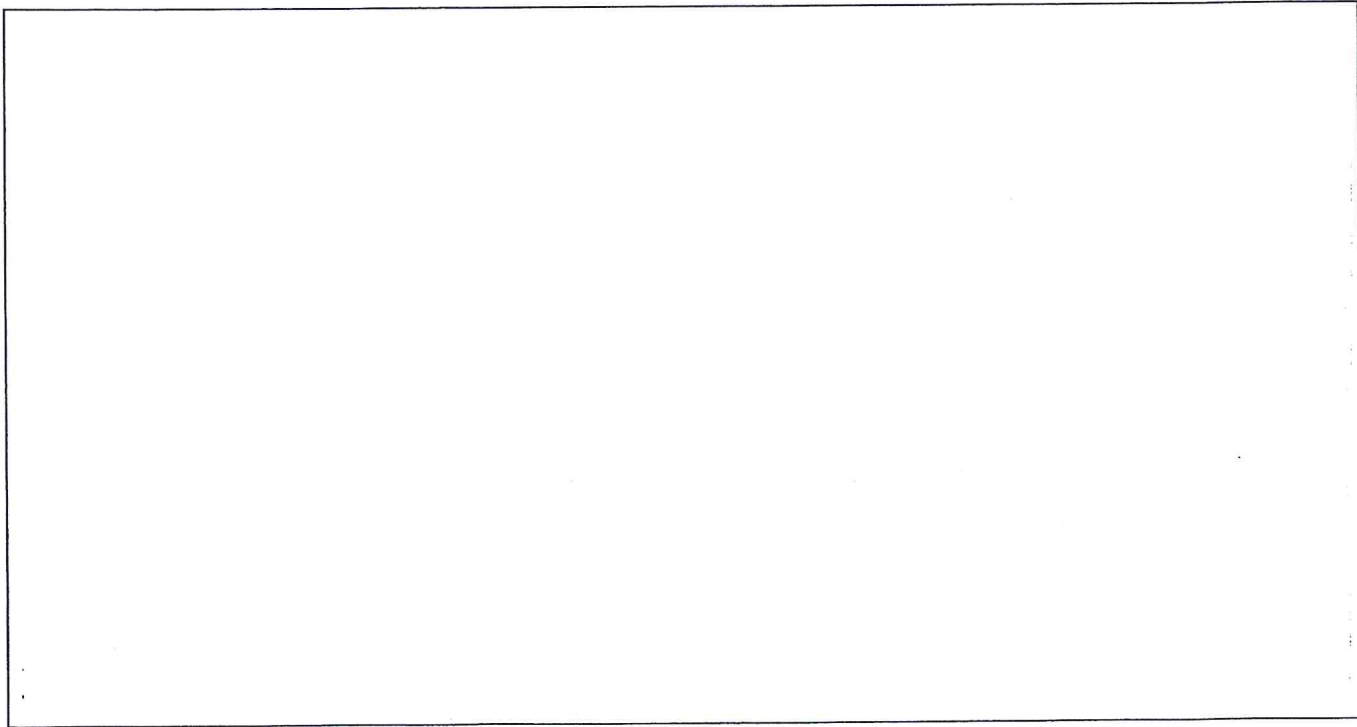


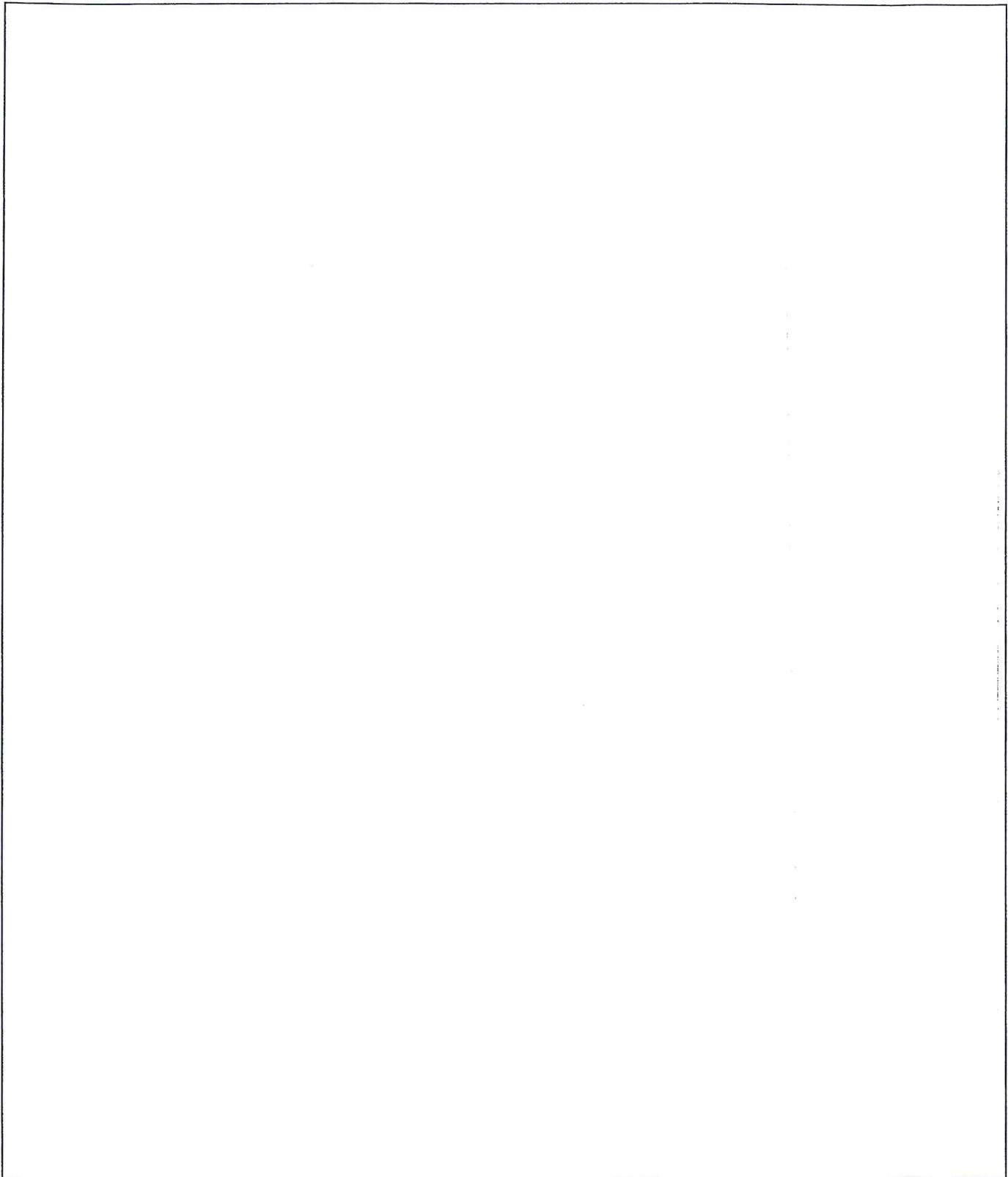




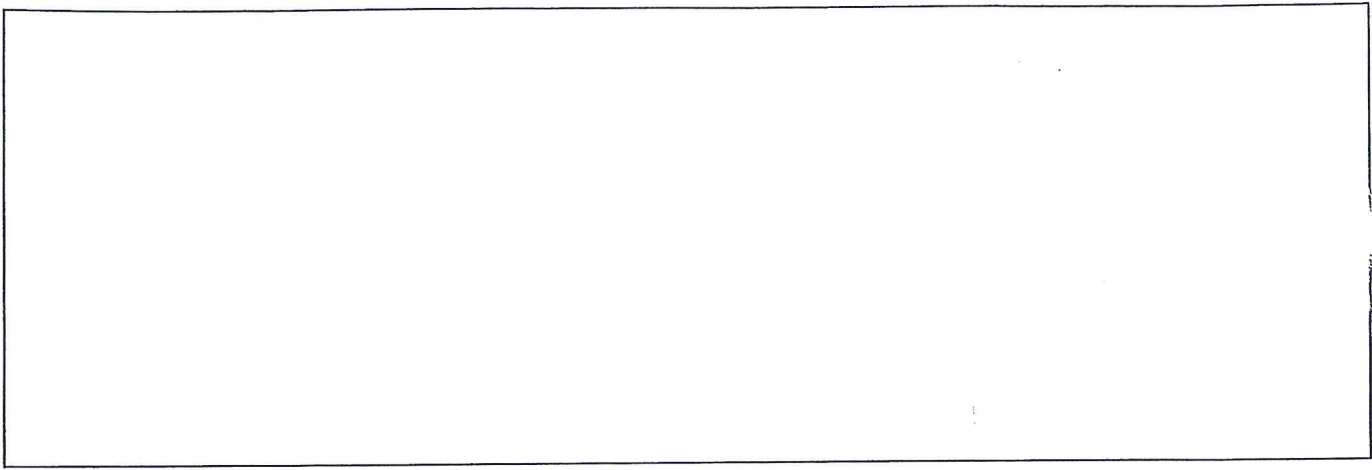


SOCIO-ECONOMIC EFFECTS OF THE PROJECT: (MAXIMUM CHARACTERS): (10,000)



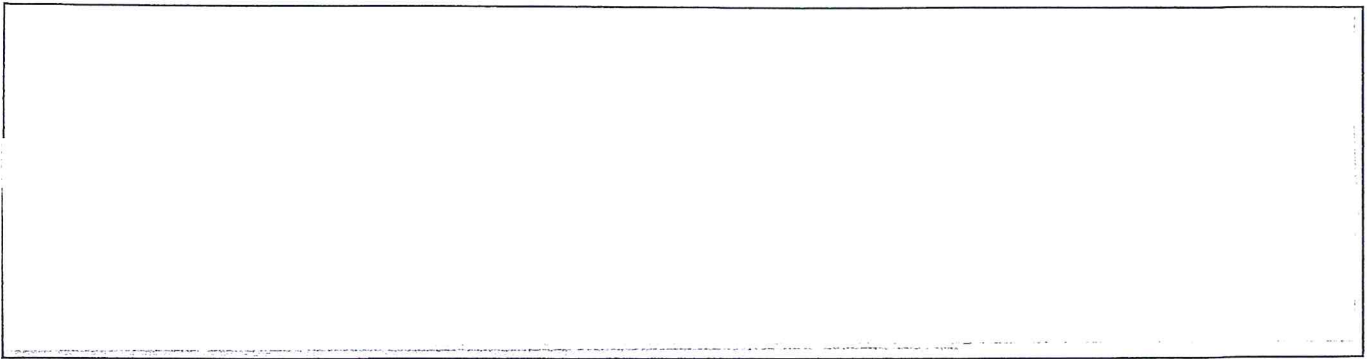


EFFORTS FOR REDUCING THE PROJECT'S "CARBON FOOTPRINT" : (MAXIMUM CHARACTERS
10,000)



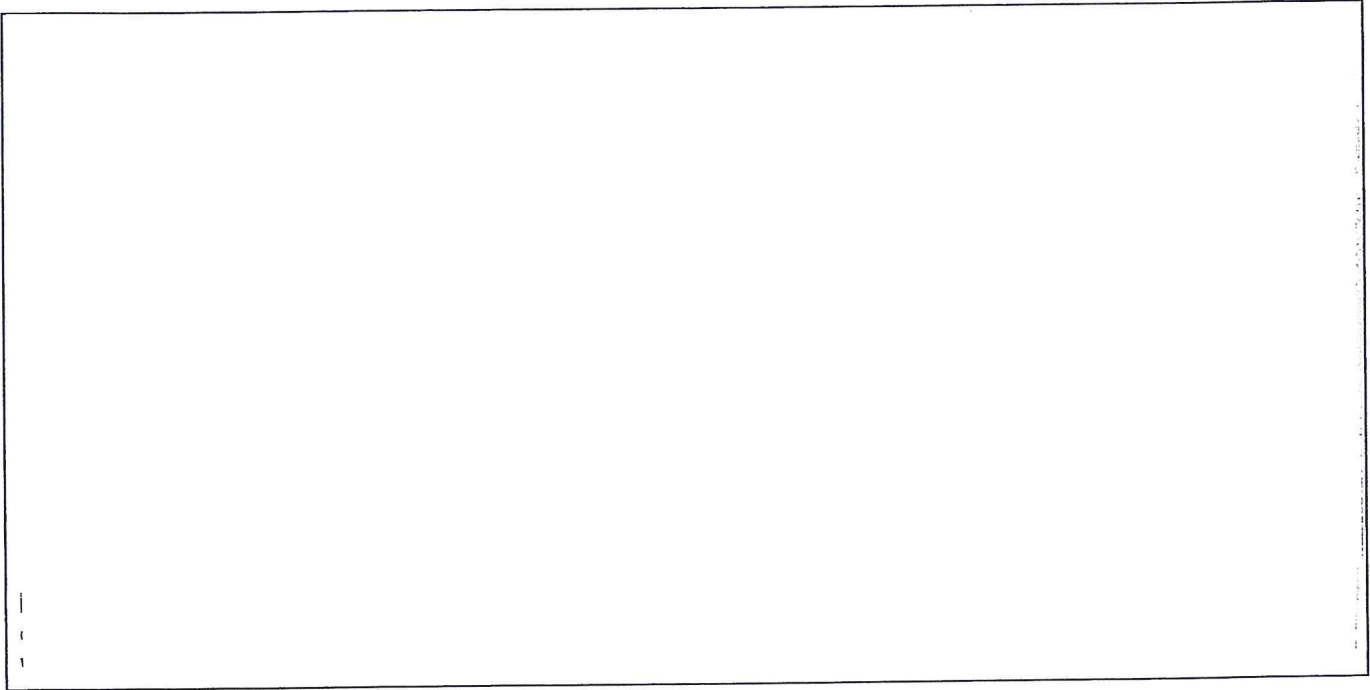
STAKEHOLDERS INVOLVED AND MAIN TARGET AUDIENCE OF THE PROJECT (OTHER THAN PROJECT PARTICIPANTS): (Maximum number: 10,000)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for listing stakeholders and the main target audience of the project, as indicated by the text above it. The box is currently blank.

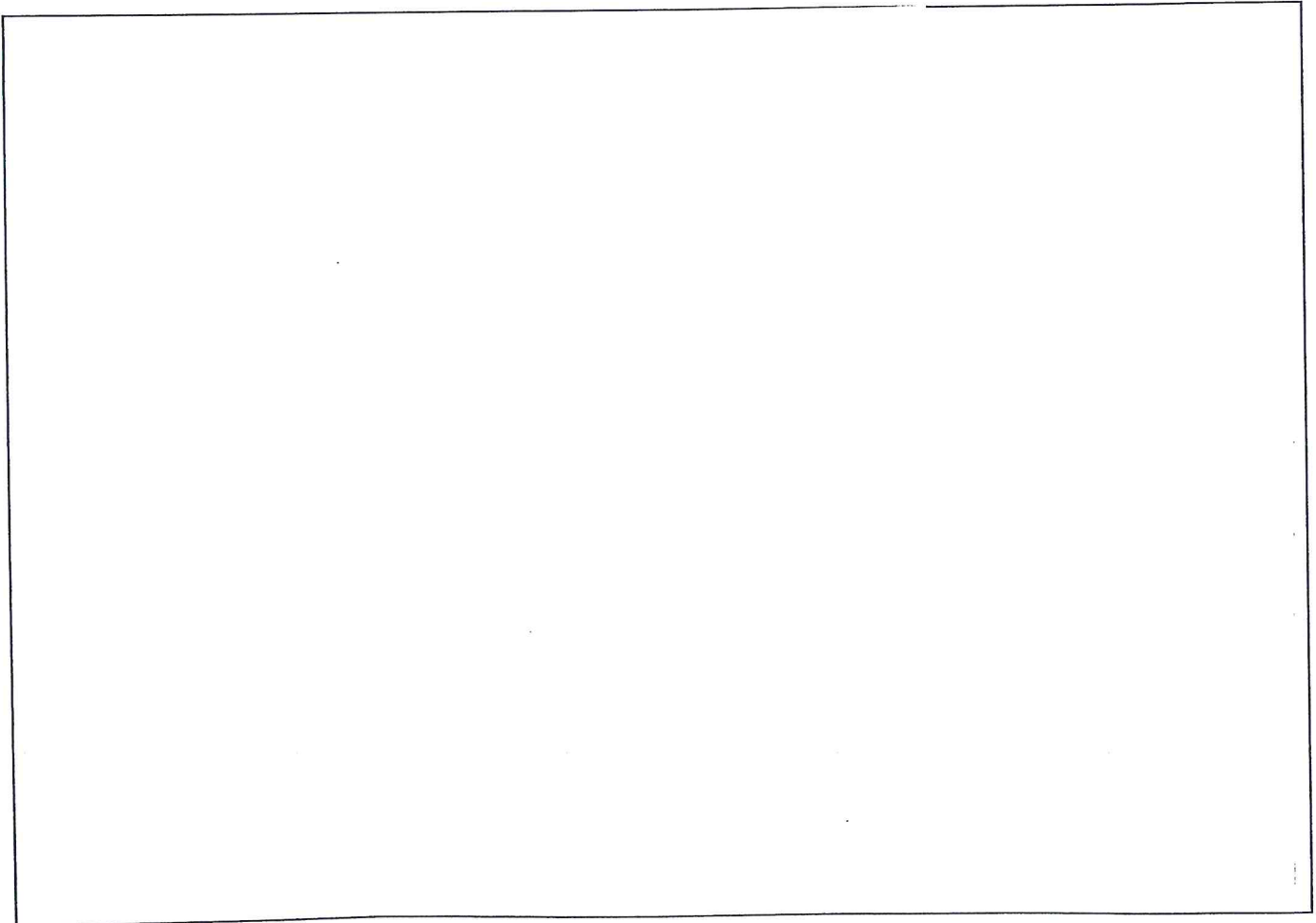


CONTINUATION / VALORISATION AND LONG TERM SUSTAINABILITY OF THE PROJECT'S RESULTS AFTER THE END OF THE PROJECT (MAXIMUM CHARACTERS: 5000)

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? (MAXIMUM CHARACTERS: 5000)



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)? (MAXIMUM CHARACTERS: 5000)

[Empty response box]



LIFE15 ENV/IT/000415

TECHNICAL APPLICATION FORMS

**Part C – detailed technical description of the
proposed actions**

LIST OF ALL PROPOSED ACTIONS

A. Preparatory actions (if needed)

A1

B. Implementation actions (obligatory)

B1

B2

B3 |

B4 -

B5

B6

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

C1

C2

C3

C4 |

C5

D. Public awareness and dissemination of results (obligatory)

D1

D2

E. Project management (obligatory)

E1

E2

E3

E4

DETAILS OF PROPOSED ACTIONS

A. Preparatory actions (if needed)

ACTION TITLE:

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

What, How and Why:

Where:

When:

Beneficiary responsible for implementation:

Assumptions related to major costs of the action:

A1's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

A1's PROJECT MILESTONES

Milestone name	Deadline

B. Implementation actions (obligatory)

ACTION TITLE: (BT)

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

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

Where:

When:

Beneficiary responsible for implementation:

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

B1's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

B1's PROJECT MILESTONES

Milestone name	Deadline

B. Implementation actions (obligatory)

ACTION TITLE (B2)

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

What, How and Why: (MAXIMUM CHARACTERS: 2000)

Where:

When:

Beneficiary responsible for implementation:

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

B2's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

B2's PROJECT MILESTONES

Milestone name	Deadline

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

ACTION TITLE (C1)

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

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

C1's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

C1's PROJECT MILESTONES

Milestone name	Deadline

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

ACTION TITLE (C2)

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

What, How and Why: (MAXIMUM CHARACTERS: 2000)

Where:

When:

Beneficiary responsible for implementation:

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

C2's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

C2's PROJECT MILESTONES

Milestone name	Deadline

D. Public awareness and dissemination of results (obligatory)

~~ACTION TITLE~~ (b1)

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

D1.1 Web-site (MAXIMUM CHARACTER: 2000)

Methods employed:

Target groups:

D1.2 Dissemination material

Main target groups:

D1.3 Articles

Main target groups:

D1.4 Layman's report

D1.5 Video

Main target groups:

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D1.6 Manual

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The global Action expected results are:

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Beneficiary responsible for implementation:

...

Assumptions related to major costs of the action:

D1's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline
:	
	(

D1's PROJECT MILESTONES

Milestone name	Deadline

D. Public awareness and dissemination of results (obligatory)

ACTION TITLE (D2)

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

D2.1 Workshops

Action results:

D2.2 Fairs

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:

Beneficiary responsible for implementation:

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

D2's PROJECT DELIVERABLE PRODUCTS

Deliverable name	Deadline

D2's PROJECT MILESTONES

Milestone name	Deadline
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E. Project management (obligatory)

ACTION TITLE (#1)

Description and methods employed (what, how, where, when and why): (M.C.: 7000)

1

al

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: 2000)

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
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E. Project management (obligatory)

ACTION TITLE (EZ)

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
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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 contribution 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

TIMETABLE

Action number	Action Name of the action	2016				2017				2018				2019				2020				2021							
		I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV				
A. Preparatory actions (if needed)																													
A.1																													
B. Implementation actions (obligatory)																													
B.1																													
B.2																													
B.3																													
B.4																													
B.5																													
B.6																													
C. Monitoring of the impact of the project actions (obligatory)																													
C.1																													
C.2																													
C.3																													
C.4																													
C.5																													
D. Public awareness and dissemination of results (obligatory)																													
D.1																													
D.2																													
E. Project management (obligatory)																													
E.1																													
E.2																													
E.3																													



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	0	0	0
3. External assistance	0		0
4. Durable goods			
Infrastructure	0	0	---
Equipment	0	0	0
Prototype	0	0	0
5. Land	Not applicable		
6. Consumables	---	0	---
7. Other costs	---		---
8. Overheads			
Total	0	0	0

Contribution breakdown	In €	% of total	% of total eligible costs
EU contribution requested		---	---
Coordinating Beneficiary's contribution		0	---
Associated Beneficiaries' contribution	---	0	---
Co-financers contribution		0	---
Total	0	---	---

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

Associated Beneficiaries' 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 €
			4	3
			5	
		5		3
		1		
TOTAL Associated Beneficiaries				

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

Overheads

Beneficiary short name	Total direct costs of the project in €	Overhead amount (€)

