



Preparatory Action

Application Form

Administrative Forms (Part A)

**A European public sphere: a new online
media offer for young Europeans**




ADMINISTRATIVE FORM (PART A)

IMPORTANT NOTICE

What is the Application Form?

The Application Form is the template for EU grants applications; it must be submitted before the call deadline. For the submission modalities, please refer to the Call for proposals document published with this template and the other call documents.

 You can submit your proposal in any official EU language (**project abstract/summary should however always be in English**). For reasons of efficiency, we strongly advise you to use English for the entire application.

The Form consists of 2 parts:

- Part A contains structured administrative information including information about the operational and financial capacity of the applicant(s)
- Part B is a narrative technical description of the project.

How to prepare and submit it?

The Application Form must be prepared by the consortium and submitted by a representative.

Character and page limits:

- page limit (for part B) normally **70** pages (unless otherwise provided in the Call document)
- supporting documents can be provided as an annex and do not count towards the page limit
- minimum font size — Arial 9 points
- page size: A4
- margins (top, bottom, left and right): at least 15 mm (not including headers & footers).

Please abide by the formatting rules. They are NOT a target! Keep your text as concise as possible. Do not use hyperlinks to show information that is an essential part of your application.

Call:
CNECT/2023/9573146

Preparatory Action in the field of "Communications
Networks, Content and Technology"- work programme
for 2023

Proposal acronym: [to be inserted]

Type of Model Grant Agreement: Multi-beneficiary

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1 - General information

| |
|---|
| A European public sphere: a new online media offer for young Europeans |
| <i>Acronym of the proposal</i> |
| Proposal title ¹ |
| Duration (in months): |
| Total estimated costs of the action (in €): |
| Estimated requested EU contribution (in €): |
| Planned starting date of the action ² : d/mm/202y |

Abstract

| |
|--|
| <p><i>Short summary (max. 2,000 characters, with spaces) to clearly explain:</i></p> <ul style="list-style-type: none"> <i>o Objectives</i> <i>o Activities</i> <i>o Type and number of persons benefiting from the project</i> <i>o Expected results</i> <i>o Type and number of outputs to be produced</i> <p><i>Will be used as the short description of the proposal in the evaluation process.</i></p> <ul style="list-style-type: none"> • <i>Do not include any confidential information.</i> • <i>Use plain typed text, avoiding formulae and other special characters.</i> <p><i>If the proposal is written in a language other than English, please include an English version of this abstract in the "Technical Annex" section GAF Part B -Project Summary.</i></p> |
|--|

Has this proposal (or a very similar one) been submitted in the past 2 years in proposals under any EU programme, including the current call?

☐ Yes ☐ No

If yes, please give the proposal reference or contract number:

Before filling in this form, please read carefully the relevant call for proposals and any other reference documents related to this grants programme available on our site <https://digital-strategy.ec.europa.eu/en/news-redirect/802275>

Please make sure that your application:

- is submitted on the correct form, completed in full and dated;
- is signed by the person authorised to enter into legally binding commitments on behalf of the applicant;
- presents a budget in conformity with the funding rules;
- meets the submission arrangements set out in the call;
- is submitted by the deadline.

The Evaluation Committee or, where appropriate, the Authorising Officer responsible may ask an applicant to provide additional information or to clarify the supporting documents submitted in connection with the application, provided that such information or clarification does not substantially change the proposal.

¹ Max 200 characters (with spaces). Must be understandable for non-specialists in your field.


² Ensure consistency with GAF - Part B cover page and section 4.3 timetable

By submitting an application the applicant accepts that in case of award certain data like the name, locality and amount (amongst others) will be published.

No information will be published for scholarships aid to natural persons and other direct support paid to natural persons in most need.

2 - Declarations

| | |
|--|--------------------------|
| 1) We declare to have the explicit consent of all applicants on their participation and on the content of this proposal. | <input type="checkbox"/> |
| 2) We confirm that the information contained in this proposal is correct and complete and that none of the project activities have started before the proposal was submitted (unless explicitly authorised in the call conditions). | <input type="checkbox"/> |
| 3) We declare: <ul style="list-style-type: none"> - to be fully compliant with the eligibility criteria set out in the call - not to be subject to any exclusion grounds under the EU Financial Regulation 2018/1046 - to have the financial and operational capacity to carry out the proposed project. | <input type="checkbox"/> |
| 4) We acknowledge that all communication will be made as indicated in the call document | <input type="checkbox"/> |
| 5) We have read, understood and accepted the Funding & Tenders Portal Privacy Statement that set out the conditions of the scope, purposes, retention periods, etc. for the processing of personal data of all data subjects whose data we communicate for the purpose of the application, evaluation, award and subsequent management of our grant, prizes and contracts (including financial transactions and audits). | <input type="checkbox"/> |
| <p>The coordinator is only responsible for the information relating to their own organisation. Each applicant remains responsible for the information declared for their organisation. If the proposal is retained for EU funding, they will all be required to sign a declaration of honour.</p> <p>False statements or incorrect information may lead to administrative sanctions under the EU Financial Regulation.</p> | |

| Double funding | |
|--|-----------------|
| Information concerning other EU grants for this project  Please note that there is a strict prohibition of double funding from the EU budget (except under EU Synergies actions). | YES / NO |
| We confirm that to our best knowledge neither the project as a whole nor any parts of it have benefitted from any other EU grant (including EU funding managed by authorities in EU Member States or other funding bodies, e.g. Erasmus, EU Regional Funds, EU Agricultural Funds, European Investment Bank, etc). If NO, explain and provide details. | |

| | |
|---|--|
| We confirm that to our best knowledge neither the project as a whole nor any parts of it are (nor will be) submitted for any other EU grant <i>(including EU funding managed by authorities in EU Member States or other funding bodies, e.g. Erasmus, EU Regional Funds, EU Agricultural Funds, European Investment Bank, etc)</i> . If NO, explain and provide details. | |
|---|--|

First name, surname [name of the signatory of this form]:

Acting as representative of the following legal entity:

Official name in full:

Title or position:

Signature³ :

Date:

³ Signed by the person authorised to enter into legally binding commitments on behalf of the applicant.

“Blue ink” handwritten signature of “Qualified Electronic Signature (QES) within the meaning of Regulation (EU) No 910/2014 (eIDAS Regulation).

If the application form is signed using “blue ink” handwritten signature, the original signed application need to be included in the paper submission requirements. If the application form is signed using QES , a printed copy is mandatory with the paper submission requirement and the original QES pdf format need to be include in the USB key (see section 11 of the call)

If you have an electronic signature, please check it as well as the validity of the certificate with one of the following tools:

- DSS Demonstration validation tool available at <https://ec.europa.eu/cefdigital/DSS/webapp-demo/validation> can help you check the validity of a certificate by indicating the number and type of valid signatures in a document.

- EU Trusted List Browser can be consulted in order to check whether the electronic signature provider and the trust service it provides are part of European Union Trusted List: <https://esignature.ec.europa.eu/efda/tl-browser/#/screen/home>

To make sure you use a QES compliant to eIDAS Regulation, you need to check that both the service provider and the qualified certificate generation service used are included in the EU Trusted List Browser.

3 - Participants

List of participating organisations

| # ⁴ | Participating Organisation Legal Name | Country | Role ⁵ |
|----------------|---------------------------------------|---------|---------------------|
| 1 | | | BEN / COO / AE / AP |
| 2 | | | BEN / COO / AE AP |

⁴ Repeat rows as often as is required to include all applicants.

⁵ Entities can participate in various roles: as:

- Coordinator (COO),
- Beneficiaries (BEN),
- Affiliated Entities (AE) refer to section 13 of call text for definition and role,
- Associated Partners (AP) refer to section 13 of call text for definition and role.

REFERENCES OF THE APPLICANTS

3.1 Applicant No.1 / Coordinator

| 3.1.1 IDENTITY OF THE APPLICANT |
|--|
| Official name in full: |
| Acronym: (if applicable) |
| Official legal form: (Not applicable if the applicant is a natural person) |
| Legal personality ⁶ : (Reply by "YES" or "NO"). (In case you answered with "NO"): For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf: |
| Place of main registration: (Address and country) |
| Entity registration number: Date of main registration (DD/MM/YYYY): (Not applicable if the applicant is a public-sector body. For natural persons, the applicant should indicate the number of his/her identity card or, failing that, of his passport or equivalent.) |
| VAT number (if applicable): |

The complete legal details are attached in the Legal Entity Form in the annex.

Template in all EU languages for Legal Entity Form available at:

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal-entities_en.cfm

| 3.1.2 LINKS WITH OTHER PARTICIPANTS | |
|-------------------------------------|-------------|
| Type of link | Participant |
| | |

| 3.1.3 CONTACT DETAILS |
|------------------------------|
| Street address: |
| Postcode: |
| City: |

⁶ Legal personality is understood as applicant's capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation.

| | |
|-------------------------|---------|
| Region (if applicable): | |
| Country: | |
| Telephone: | Mobile: |
| E-mail address: | |
| Website: | |

Any change in the addresses, phone numbers or e-mail, must be notified in writing to the Authorising Officer. The Authorising Officer will not be held responsible in the event that it cannot contact an applicant.

| 3.1.4-a CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL | |
|--|-------------|
| Family name: | First Name: |
| Position/Function: | |
| Department ⁷ : | |
| Telephone: | Mobile: |
| E-mail address: | |
| 3.1.4-b CONTACT PERSON RESPONSIBLE FOR THE PROJECT IMPLEMENTATION ⁸ | |
| Family name: | First Name: |
| Position/Function: | |
| Department ⁹ : | |
| Telephone: | Mobile: |
| E-mail address: | |

| 3.1.5 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE AGREEMENT, THE DECLARATION ON HONOUR (DoH) AND THE DECLARATION ON STANDARD OF INDEPENDENCE (DSI)) ¹⁰ | |
|---|-------------|
| Family name: | First Name: |
| Position/Function/Mandate: | |
| Telephone: | Mobile: |
| E-mail address: | |

| 3.1.6 BANK DETAILS |
|----------------------------------|
| Account name ¹¹ : |
| IBAN/Account No. ¹² : |
| Bank name: |

The complete bank details are attached in the Bank Account Form (BAF) in the annex.

Template in all EU languages for the BAF available at:

http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial-id_en.cfm

⁷ Name of the department/institute carrying out the work.

⁸ Can be the same person as the one responsible for the submission of the proposal or a dedicated project manager. This person will also be allowed to submit and or sign a potential request for amendment (cfr Annex 5 to the MGA).

⁹ Name of the department/institute carrying out the work.

¹⁰ Person authorised to enter into legally binding commitments on behalf of the applicant. The Commission reserves the right to ask the proof of appointment.

¹¹ This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.

¹² Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established.

PROFILE OF THE APPLICANT No1 / Coordinator — GENERAL AIMS AND ACTIVITIES

The entity shall state his legal status by ticking one or several options

- | | |
|---|--|
| <input type="checkbox"/> Public body | <input type="checkbox"/> International Organisation |
| <input type="checkbox"/> Non-profit making organisation | <input type="checkbox"/> Social Partner |
| <input type="checkbox"/> Educational and training establishment | <input type="checkbox"/> Research Centre/Institute |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> SME |
| <input type="checkbox"/> Natural Persons | <input type="checkbox"/> Non-Governmental Organisation |

The applicant No.1/ Coordinator should provide a short description of the organisation/group/consortium including affiliated entities and associated partners, if any. Where appropriate include information on membership of the affiliated entities, with respect to the eligibility criteria indicated in the specific call.

APPLICANT'S STRUCTURE

List the organisations and/or natural persons holding capital or shares in the applicant, where appropriate specifying the proportion held (insert rows if necessary)

| Organisation/Natural person | Proportion held |
|-----------------------------|-----------------|
| | |
| | |
| | |

APPLICANT'S MANAGEMENT

List the members of the applicant's administrative board or equivalent body, specifying their profession and position (insert rows if necessary)

| Member | Profession/Position |
|--------|---------------------|
| | |
| | |
| | |

Operational capacity

Applicants must have the **know-how**, **qualifications** and **resources** to successfully implement the projects and contribute their share (including sufficient experience in projects of comparable size and nature).

The applicant shall provide general profiles (qualifications and experiences) of the staff responsible for managing and implementing the project, a description of the consortium applicants, applicants' activity reports of the last year, as well as a list of previous projects in the area (key projects for the last 4 years) in order to demonstrate its operational capacity.

Insert text

| |
|--|
| |
|--|

LIST OF PREVIOUS PROJECTS

| List of previous projects | | | | | |
|---|---|-----------------------------|----------------------------|--------------|------------------|
| <i>Please provide a list of your previous projects for the last 4 years. If appropriate the following template could be used:</i> | | | | | |
| Participant | Project Reference No and Title, Funding programme | Period (start and end date) | Role (COO, BEN, AE, OTHER) | Amount (EUR) | Website (if any) |
| [name] | | | | | |
| Objectives and results of the project | | | | | |
| [name] | | | | | |
| Objectives and results of the project | | | | | |

Financial capacity

Applicants must have **stable and sufficient resources** to successfully implement the projects and contribute their share. Organisations participating in several projects must have sufficient capacity to implement all these projects.

| PROOF OF FINANCIAL CAPACITY - Please refer to section 7 of the call |
|---|
| <p>Applicants, when relevant to their legal personality, should provide the following documents as evidence of their financial capacity:</p> <p>Balance Sheets and Profit and Loss account for the 2 last financial years for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts,</p> <p style="color: red;">and</p> <p>the financial capacity check table provided in Annex to this application form, filled in with the relevant statutory accounting figures.</p> |

3.2 Applicant No.2 (Repeat this part as often as is required to include all applicants)

| 3.2.1 IDENTITY OF THE APPLICANT |
|---------------------------------|
| Official name in full: |

| |
|--|
| Acronym: (if applicable) |
| Official legal form: (Not applicable if the applicant is a natural person) |
| Legal personality ¹³ : (Reply by "YES" or "NO"). (In case you answered with "NO"): For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf: |
| Place of main registration: (Address and country) |
| Entity registration number: Date of main registration (DD/MM/YYYY): (Not applicable if the applicant is a public-sector body. For natural persons, the applicant should indicate the number of his/her identity card or, failing that, of his passport or equivalent.) |
| VAT number (if applicable): |

The complete legal details are attached in the Legal Entity Form in the annex.

Template in all EU languages for Legal Entity Form available at:

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal-entities_en.cfm

| 3.2.2 LINKS WITH OTHER PARTICIPANTS | |
|-------------------------------------|-------------|
| Type of link | Participant |
| | |

| 3.2.3 CONTACT DETAILS | |
|-------------------------|---------|
| Street address: | |
| Postcode: | |
| City: | |
| Region (if applicable): | |
| Country: | |
| Telephone: | Mobile: |
| E-mail address: | |
| Website: | |

¹³ Legal personality is understood as applicant's capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation.

Any change in the addresses, phone numbers or e-mail, must be notified in writing to the Authorising Officer. The Authorising Officer will not be held responsible in the event that it cannot contact an applicant.

| 3.2.4 CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL | |
|---|-------------|
| Family name: | First Name: |
| Position/Function: | |
| Department ¹⁴ : | |
| Telephone: | Mobile: |
| E-mail address: | |

| 3.2.5 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE ACCESSION FORM (ANNEX 3 TO THE GRANT AGREEMENT, THE DECLARATION ON HONOUR (DoH) AND THE DECLARATION ON STANDARD OF INDEPENDENCE (DSI)) ¹⁵ | |
|--|-------------|
| Family name: | First Name: |
| Position/Function/Mandate: | |
| Telephone: | Mobile: |
| E-mail address: | |

| PROFILE OF THE APPLICANT — GENERAL AIMS AND ACTIVITIES | |
|---|--|
| The entity shall state his legal status by ticking one or several options | |
| <input type="checkbox"/> Public body | <input type="checkbox"/> International Organisation |
| <input type="checkbox"/> Non-profit making organisation | <input type="checkbox"/> Social Partner |
| <input type="checkbox"/> Educational and training establishment | <input type="checkbox"/> Research Centre/Institute |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> SME |
| <input type="checkbox"/> Natural Persons | <input type="checkbox"/> Non-Governmental Organisation |

| APPLICANT'S STRUCTURE | |
|---|-----------------|
| List the organisations and/or natural persons holding capital or shares in the applicant, where appropriate specifying the proportion held (insert rows if necessary) | |
| Organisation/Natural person | Proportion held |
| | |
| | |
| | |

| APPLICANT'S MANAGEMENT | |
|--|---------------------|
| List the members of the applicant's administrative board or equivalent body, specifying their profession and position (insert rows if necessary) | |
| Member | Profession/Position |
| | |

¹⁴ Name of the department/institute carrying out the work.

¹⁵ Person authorised to enter into legally binding commitments on behalf of the applicant. The Commission reserves the right to ask the proof of appointment.

| | |
|--|--|
| | |
| | |
| | |

Operational capacity

Applicants must have the **know-how**, **qualifications** and **resources** to successfully implement the projects and contribute their share (including sufficient experience in projects of comparable size and nature)

The applicant shall provide general profiles (qualifications and experiences) of the staff responsible for managing and implementing the project, a description of the consortium applicants, applicants' activity reports of the last year, as well as a list of previous projects in the area (key projects for the last 4 years) in order to demonstrate its operational capacity.

Insert text

LIST OF PREVIOUS PROJECTS

| List of previous projects | | | | | |
|---|--|------------------------------------|-----------------------------------|---------------------|-------------------------|
| <i>Please provide a list of your previous projects for the last 4 years. If appropriate the following template could be used:</i> | | | | | |
| Participant | Project Reference No and Title, Funding programme | Period (start and end date) | Role (COO, BEN, AE, OTHER) | Amount (EUR) | Website (if any) |
| [name] | | | | | |
| Objectives and results of the project | | | | | |
| [name] | | | | | |
| Objectives and results of the project | | | | | |

Financial capacity

Applicants must have **stable and sufficient resources** to successfully implement the projects and contribute their share. Organisations participating in several projects must have sufficient capacity to implement all these projects.

| PROOF OF FINANCIAL CAPACITY - Please refer to section 7 of the call |
|---|
| <p>Applicants, when relevant to their legal personality, should provide the following documents as evidence of their financial capacity:</p> <p>Balance Sheets and Profit and Loss account for the 2 last financial years for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts,</p> <p>and</p> <p>the financial capacity check table provided in Annex to this application form, filled in with the relevant statutory accounting figures.</p> |

3.3 [Affiliated Entity No. 1] (Repeat this part as often as is required to include all affiliated entities)

| 3.3.1 IDENTITY OF THE AFFILIATED ENTITY¹⁶ |
|---|
| <p>This box shall be filled in by all affiliated entities taking part in the implementation of the action, including the case where several entities satisfy the criteria for being awarded a grant and together form ONE entity, to be treated as the <u>sole beneficiary</u>.</p> |

¹⁶ Refer to section 13 of call text for definition and role

| |
|--|
| Official name in full: |
| Acronym: (if applicable) |
| Official legal form: (Not applicable if the applicant is a natural person) |
| Legal personality ¹⁷ : (Reply by "YES" or "NO"). (In case you answered with "NO"): For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf: |

3.3.2 LINKS WITH OTHER PARTICIPANTS¹⁸

Legal or capital link with the applicant, if applicable:
The applicant should provide a short description of the legal or capital link with the applicant and provide the statutory documents and/or consolidated accounts.

| Type of link | Participant |
|--------------|-------------|
| | |

3.3.3 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE DECLARATION ON HONOUR (DoH) AND THE DECLARATION ON STANDARD OF INDEPENDENCE (DSI))¹⁹

Family name: First Name:

Position/Function/Mandate:

PROFILE OF THE AFFILIATED ENTITY NO.1 — GENERAL AIMS AND ACTIVITIES

The entity shall state his legal status by ticking one or several options

- | | |
|---|---|
| <input type="checkbox"/> Public body | <input type="checkbox"/> International Organisation |
| <input type="checkbox"/> Non-profit making organisation | <input type="checkbox"/> Social Partner |
| <input type="checkbox"/> Educational and training establishment | <input type="checkbox"/> Research Centre/Institute |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> SME |

¹⁷ Legal personality is understood as applicant's capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation.

¹⁸ Legal or capital link with the applicant, if applicable:
The applicant should provide a short description of the legal or capital link with the applicant and provide the statutory documents and/or consolidated accounts.

¹⁹ Person authorised to enter into legally binding commitments on behalf of the applicant. The Commission reserves the right to ask the proof of appointment.

☐ Natural Persons☐ Non-Governmental Organisation

Operational capacity

Applicants affiliated entities must have the **know-how, qualifications** and **resources** to successfully implement the projects and contribute their share (including sufficient experience in projects of comparable size and nature)

The applicant affiliated entity shall provide general profiles (qualifications and experiences) of the staff responsible for managing and implementing the project, a description of the consortium applicants, applicants' activity reports of the last year, as well as a list of previous projects in the area (key projects for the last 4 years) in order to demonstrate its operational capacity.

Insert text

LIST OF PREVIOUS PROJECTS

List of previous projects

Please provide a list of your previous projects for the last 4 years. If appropriate the following template could be used:

| Participant | Project Reference No and Title, Funding programme | Period (start and end date) | Role (COO, BEN, AE, OTHER) | Amount (EUR) | Website (if any) |
|---------------------------------------|---|-----------------------------|----------------------------|--------------|------------------|
| [name] | | | | | |
| Objectives and results of the project | | | | | |
| [name] | | | | | |
| Objectives and results of the project | | | | | |

Financial capacity

Applicants must have **stable and sufficient resources** to successfully implement the projects and contribute their share. Organisations participating in several projects must have sufficient capacity to implement all these projects.

PROOF OF FINANCIAL CAPACITY (The below listed documents shall **ONLY** be provided in the case where several entities satisfy the criteria for being awarded a grant and together form **ONE** entity, to be treated as the sole beneficiary)

Applicants, when relevant to their legal personality, should provide the following documents as evidence of their financial capacity:

Balance Sheets and Profit and Loss account for the 2 last financial years for which the accounts have been closed. For newly created entities, the business plan will replace closed accounts.

and

the financial capacity check table provided in Annex to this application form, filled in with the relevant statutory accounting figures

3.4 [Associated Partner No. 1] (Repeat this part as often as is required to include all associated partners)

3.4.1 IDENTITY OF THE ASSOCIATED PARTNER²⁰

Official name in full:

Acronym:

(if applicable)

Official legal form:

(Not applicable if the applicant is a natural person)

Legal personality²¹:

(Reply by "YES" or "NO").

(In case you answered with "NO"):

For entities with no legal personality under national law please indicate the representative empowered to take part in court proceedings on their behalf:

PROFILE OF THE ASSOCIATED PARTNER ENTITY NO.1 — GENERAL AIMS AND ACTIVITIES

The entity shall state his legal status by ticking one or several options

☐ Public body

☐ International Organisation

☐ Non-profit making organisation

☐ Social Partner

²⁰ Refer to section 13 of call text for definition and role.

²¹ Legal personality is understood as applicant's capacity to sign contracts and constitute a party in court proceedings under the applicable national legislation.

| | |
|---|--|
| <input type="checkbox"/> Educational and training establishment | <input type="checkbox"/> Research Centre/Institute |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> SME |
| <input type="checkbox"/> Natural Persons | <input type="checkbox"/> Non-Governmental Organisation |

Operational capacity

Applicants/associated partners must have the **know-how**, **qualifications** and **resources** to successfully implement the projects and contribute their share (including sufficient experience in projects of comparable size and nature)

| |
|--|
| The applicant/associated partner shall provide general profiles (qualifications and experiences) of the staff responsible for managing and implementing the project, a description of the consortium applicants, applicants' activity reports of the last year, as well as a list of previous projects in the area (key projects for the last 4 years) in order to demonstrate its operational capacity. |
| Insert text |

LIST OF PREVIOUS PROJECTS

| List of previous projects | | | | | |
|---|--|------------------------------------|-----------------------------------|---------------------|-------------------------|
| <i>Please provide a list of your previous projects for the last 4 years. If appropriate the following template could be used:</i> | | | | | |
| Participant | Project Reference No and Title, Funding programme | Period (start and end date) | Role (COO, BEN, AE, OTHER) | Amount (EUR) | Website (if any) |
| [name] | | | | | |
| Objectives and results of the project | | | | | |
| [name] | | | | | |
| Objectives and results of the project | | | | | |

ANNEXES

LIST OF ANNEXES

Please refer to Call document, section 12 Mandatory annexes and supporting documents (to be submitted together with the application).