



Education and Culture
Lifelong Learning Programme
COMENIUS

Comenius School Partnerships

JOINT APPLICATION FORM

for the RENEWAL of Multilateral School Partnerships

Selection 2007

For Partnership activities between October 2007 and July 2009¹

Basic data :

| | |
|--|---|
| Name of applicant institution : | |
| 2006/07 contract number : | |
| The applicant institution is : | <input type="checkbox"/> the coordinator <input type="checkbox"/> a partner |
| This application concerns the : | <input type="checkbox"/> second year renewal (2007-2008) <input type="checkbox"/> third year renewal (2007-2008) <input type="checkbox"/> second and third year renewal (2007-2009) |
| Minimum number of mobilities planned ² (tick only one): | 1-year Partnership renewals: <input type="checkbox"/> 2 <input type="checkbox"/> 6 mobilities OR 2-year Partnership renewals: <input type="checkbox"/> 4 <input type="checkbox"/> 12 mobilities |

Reserved for the National Agency

| | |
|-----------------------------|----------------------------|
| <i>Application deadline</i> | <i>Registration number</i> |
| | |

EUROPEAN COMMISSION

¹ For Partnership activities between 1 October 2007 and 31 July 2008 for 1-year renewals, or between 1 October 2007 and 31 July 2009 for 2-year renewals.

² See section D.1 of this application form for details.

GENERAL INFORMATION

- Before completing this form, please read the relevant sections in the Lifelong Learning Programme *Guide for Applicants* and the appropriate annual Call for Proposals, which contain additional information on closing dates, National Agency addresses to which the application must be sent, and specific priorities for that year. Further information can also be found on the Lifelong Learning Programme website:

http://ec.europa.eu/education/programmes/newprog/index_en.html

- The form should be printed from a computer.
- In accordance with standard Commission practice, the information provided in your application form may be used for the purposes of evaluating the Lifelong Learning Programme. The relevant data protection regulations will be respected.

ELIGIBILITY CHECK-LIST

- The partnership consists of institutions located in at least three of the countries participating in the programme. (For eligible countries see http://ec.europa.eu/education/programmes/newprog/index_en.html)
- At least one participating institution will be a Member State of the European Union at the starting date of the renewed Partnership activity.
- Each participating institution has checked with the National Agency in its country that it is eligible to participate in a Comenius Partnership.
- The application is being submitted according to the application procedures set out in the *Guide for Applicants* and the closing dates set out in the Call for Proposals.
- The basic data on the front page of this application form and the acknowledgement of receipt have been completed **individually** by each participating institution on the copy that is sent to their own National Agency.
- Sections A, B and C of this application form have been completed **jointly** by the whole Partnership and all partners have received a copy thereof.
- Section D has been completed **individually** by each participating institution and has been **signed** by the person authorised to enter into legally binding commitments on behalf of the institution concerned.
- All participating institutions submit each to their respective National Agency* : 1) a copy of the joint sections A, B and C, as well as 2) their individual section D.
- The application form has been completed in full using one of the official languages of the EU, or in the case of the EFTA/EEA and candidate countries, in the national language of the country concerned.
- The joint sections A, B and C of the application form will have been completed in the **main communication language** used by the Partnership. Each participating institution is responsible for checking with its own National Agency whether a translation of these sections A and C in the national language is required, and if so, for adding the translation to its grant application.

RETURN ADDRESS

Please return this application form to your National Agency. You can find the addresses of the National Agencies in the annual Call for Proposals or by consulting the central Lifelong Learning Programme website.*

* *In some countries the application form must be submitted via the relevant school authorities. Therefore, please check with your National Agency in advance to whom you have to submit the application.*

Acknowledgement of Receipt

This page will be returned to you when we have received and registered your application form. For this purpose, please complete the section below:

| | |
|--|-----------------------------|
| Application for: | Comenius School Partnership |
| Partnership title: | |
| Name of applicant institution: | |
| Family and first name of contact person: | |
| Institution street name and number: | |
| Post code and town/city: | |
| Country: | |

Reserved for the National Agency

We acknowledge receipt of your Partnership application:

Please use this number in all communication with your National Agency.

Place:

Date:

Signature:

Stamp of the National Agency:

A. PARTNERSHIP

| | | | |
|--|--|--|---|
| Partnership title <i>(Please use the title you used last year):</i> | Title: | | |
| Partnership topic(s) <i>(Please tick only the main thematic area(s), max 2 or 3, of your Partnership or complete it under "other" if it is missing from the list):</i> | Intercultural dialogue <input type="checkbox"/> History/traditions <input type="checkbox"/> Tourism <input type="checkbox"/> Theatre, music, dance <input type="checkbox"/> Literature <input type="checkbox"/> Foreign languages <input type="checkbox"/> Crafts/professions <input type="checkbox"/> Media/communication <input type="checkbox"/> Health <input type="checkbox"/> Consumer education <input type="checkbox"/> Environment/ecology <input type="checkbox"/> Other <input type="checkbox"/> Please specify: | Social integration/exclusion <input type="checkbox"/> European citizenship/ democracy/ regional identity <input type="checkbox"/> Science/technology <input type="checkbox"/> Information and communication technologies <input type="checkbox"/> Industry/economy/world of work <input type="checkbox"/> Violence at school <input type="checkbox"/> Cultural heritage <input type="checkbox"/> | Comparing educational systems <input type="checkbox"/> School management <input type="checkbox"/> Raising pupil achievements <input type="checkbox"/> School cooperation with the local community <input type="checkbox"/> Pedagogical methods <input type="checkbox"/> Disabilities/special needs <input type="checkbox"/> Equal opportunities for men/women <input type="checkbox"/> Quality of education <input type="checkbox"/> |
| Remaining duration of the Partnership | <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years | | |
| <i>Does your Partnership address any of the operational objectives of the Comenius Programme in addition to the first two? (tick only one)</i> | <input checked="" type="checkbox"/> improving the quality and increase the volume of mobility involving staff and pupils <input checked="" type="checkbox"/> improving the quality and increasing the volume of partnerships between schools <input type="checkbox"/> encouraging the learning of modern foreign languages <input type="checkbox"/> supporting the development of ICT based content, services, pedagogies and practice <input type="checkbox"/> enhancing the quality and European dimension of teacher training <input type="checkbox"/> supporting improvements in pedagogical approaches and school management | | |

B. PARTICIPATING INSTITUTIONS AND ASSOCIATED PARTNERS

*Please note that **section B** of the application form must be completed **jointly** by all institutions participating in this Partnership.*

Please fill in table 1 for each participating institution, and, in case changes have occurred, also tables 2, 3 and 4. Please note that new institutions will not be allowed to join existing Partnerships at renewal stage.

B. 1 COORDINATING INSTITUTION

1. Name, address and contract reference of the institution (if the application is successful, all correspondence and the grant agreement will be sent to this address)

| | | | | |
|---|------------|-------------------------------|---------------------------------|-------------------------------------|
| Full legal name of institution in the national language: | | | | |
| Street name and number: | | | | |
| Post code and town/city: | | City <input type="checkbox"/> | Suburb <input type="checkbox"/> | Rural area <input type="checkbox"/> |
| Region: | | | | |
| Country: | | | | |
| Telephone and fax number <i>(include area and country code):</i> | Telephone: | | Fax: | |
| E-mail: | | | | |
| Website: | | | | |
| Contract reference n° <i>(school year 2006/07):</i> | | | | |

2. Type of institution

| | |
|--|--|
| Institution level (i.e. level involved in this Partnership): | <input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely: |
| Type of institution: | <input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely: |
| Number of staff: | Total : Female: Male: |
| Number of pupils: | Total : Female: Male: |

3. Head of institution (The person who legally binds his/her institution and will sign the grant agreement if the application is successful)

| | | |
|------------------------|--|---|
| Family and first name: | | Mr <input type="checkbox"/> Ms <input type="checkbox"/> |
| Official title: | | |

4. Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

| | | |
|---|--|---|
| Family and first name: | | Mr <input type="checkbox"/> Ms <input type="checkbox"/> |
| Present position: | | |
| Street name and number: | | |
| Post code and town/city: | | |
| Region: | | |
| Country: | | |
| Telephone and fax number (include area and country code): | Telephone: Fax: | |
| E-mail: | | |

5. Teachers and pupils of your school participating in the Partnership

| | |
|---|---|
| Number of teachers participating in the Partnership: | Total : Female : Male : |
| Number of pupils participating in the Partnership: | Total : Female: Male: |
| Age of pupils participating in the Partnership: | Youngest : Oldest : |
| If secondary pupils are involved, please specify which type of class is most concerned: | <input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical |

B.2 PARTNER INSTITUTIONS

Partner institution N°1

1. Name, address and contract reference of the institution (if the application is successful, all correspondence and the grant agreement will be sent to this address)

| | | | |
|--|--|---|--|
| Full legal name of institution in the national language: | | | |
| Street name and number: | | | |
| Post code and town/city: | | City <input type="checkbox"/> Suburb <input type="checkbox"/> Rural area <input type="checkbox"/> | |
| Region: | | | |
| Country: | | | |

| | | |
|--|------------|------|
| Telephone and fax number (include area and country code): | Telephone: | Fax: |
| E-mail: | | |
| Website: | | |
| Contract reference n° (school year 2006/07): | | |

The institution is willing to take over the coordination of the Partnership in case the application of the nominated coordinator is rejected in the selection procedure

2. Type of institution

| | | | |
|--|--|---------|-------|
| Institution level (i.e. level involved in this Partnership): | <input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely: | | |
| Type of institution: | <input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely: | | |
| Number of staff: | Total : | Female: | Male: |
| Number of pupils: | Total : | Female: | Male: |

3. Head of institution (The person who legally binds his/her institution and will sign the grant agreement if the application is successful)

| | | |
|------------------------|--|---|
| Family and first name: | | Mr <input type="checkbox"/> Ms <input type="checkbox"/> |
| Official title: | | |

4. Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

| | | |
|--|------------|---|
| Family and first name: | | Mr <input type="checkbox"/> Ms <input type="checkbox"/> |
| Present position: | | |
| Street name and number: | | |
| Post code and town/city: | | |
| Region: | | |
| Country: | | |
| Telephone and fax number (include area and country code): | Telephone: | Fax: |
| E-mail: | | |

5. Teachers and pupils of your school participating in the Partnership

| | | | |
|---|---|----------|--------|
| Number of teachers participating in the Partnership: | Total : | Female : | Male : |
| Number of pupils participating in the Partnership: | Total : | Female: | Male: |
| Age of pupils participating in the Partnership : | Youngest : | Oldest : | |
| If secondary pupils are involved, please specify which type of class is most concerned: | <input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical | | |

Partner institution N° 2

1. Name, address and contract reference of the institution (if the application is successful, all correspondence and the grant agreement will be sent to this address)

| | | | | |
|---|------------|-------------------------------|---------------------------------|-------------------------------------|
| Full legal name of institution in the national language: | | | | |
| Street name and number: | | | | |
| Post code and town/city: | | City <input type="checkbox"/> | Suburb <input type="checkbox"/> | Rural area <input type="checkbox"/> |
| Region: | | | | |
| Country: | | | | |
| Telephone and fax number (include area and country code): | Telephone: | Fax: | | |
| E-mail: | | | | |
| Website: | | | | |
| Contract reference n° (school year 2006/07): | | | | |

The institution is willing to take over the coordination of the Partnership in case the application of the nominated coordinator is rejected in the selection procedure

2. Type of institution

| | |
|--|--|
| Institution level (i.e. level involved in this Partnership): | <input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely: |
| Type of institution: | <input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely: |
| Number of staff: | Total : Female: Male: |
| Number of pupils: | Total : Female: Male: |

3. Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

| | | | |
|------------------------|--|-----------------------------|-----------------------------|
| Family and first name: | | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Official title: | | | |

4. Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

| | | | |
|---|------------|-----------------------------|-----------------------------|
| Family and first name: | | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Present position: | | | |
| Street name and number: | | | |
| Post code and town/city: | | | |
| Region: | | | |
| Country: | | | |
| Telephone and fax number (include area and country code): | Telephone: | Fax: | |
| E-mail: | | | |

5. Teachers and pupils of your school participating in the Partnership

| | | | |
|---|---|----------|--------|
| Number of teachers participating in the Partnership: | Total : | Female : | Male : |
| Number of pupils participating in the Partnership: | Total : | Female: | Male: |
| Age of pupils participating in the Partnership: | Youngest : | Oldest : | |
| If secondary pupils are involved, please specify which type of class is most concerned: | <input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical | | |

Partner institution N° 3

1. Name, address and contract reference of the institution (if the application is successful, all correspondence and the grant agreement will be sent to this address)

| | | | |
|---|------------|-------------------------------|---------------------------------|
| Full legal name of institution in the national language: | | | |
| Street name and number: | | | |
| Post code and town/city: | | City <input type="checkbox"/> | Suburb <input type="checkbox"/> |
| Region: | | | |
| Country: | | | |
| Telephone and fax number (include area and country code): | Telephone: | Fax: | |
| E-mail: | | | |
| Website: | | | |
| Contract reference n° (school year 2006/07): | | | |

The institution is willing to take over the coordination of the Partnership in case the application of the nominated coordinator is rejected in the selection procedure

2. Type of institution

| | |
|---|--|
| Institution level(i.e. level involved in this Partnership): | <input type="checkbox"/> Pre-primary school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Other, namely: |
| Type of institution: | <input type="checkbox"/> General <input type="checkbox"/> Vocational or technical <input type="checkbox"/> Establishment for/with learners with special educational needs <input type="checkbox"/> Other, namely: |
| Number of staff: | Total : Female: Male: |
| Number of pupils: | Total : Female: Male: |

3. Head of institution (The person who legally binds his/her institution and will sign the contract if the application is successful)

| | | | |
|------------------------|--|-----------------------------|-----------------------------|
| Family and first name: | | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Official title: | | | |

4. Name and private address of contact person (this person will be informed of the result of the selection and may be contacted, if needed, at his/her private address during school holiday periods)

| | | | |
|-------------------------|--|-----------------------------|-----------------------------|
| Family and first name: | | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Present position: | | | |
| Street name and number: | | | |

| | |
|--|-----------------------------|
| Post code and town/city: | |
| Region: | |
| Country: | |
| Telephone and fax number (include area and country code): | Telephone: _____ Fax: _____ |
| E-mail: | |

5. Teachers and pupils of your school participating in the Partnership

| | | | |
|---|---|----------------|--------------|
| Number of teachers participating in the Partnership: | Total : _____ | Female : _____ | Male : _____ |
| Number of pupils participating in the Partnership: | Total : _____ | Female: _____ | Male: _____ |
| Age of pupils participating in the Partnership: | Youngest : _____ | Oldest : _____ | |
| If secondary pupils are involved, please specify which type of class is most concerned: | <input type="checkbox"/> general <input type="checkbox"/> vocational <input type="checkbox"/> technical | | |

If there are more than four institutions in the Partnership, please continue on a copy of pages 7 and 8.

B.3 ASSOCIATED PARTNERS

"Associated partners" are organisations, such as associations, local or regional authorities, companies, etc. (cf. list below the table) which will play an active role in the Comenius Partnership. If your institutions intend to involve such organisations in the Partnership activities, please include them hereafter. You can only include organisations from countries involved in the Partnership.

| Please give the full legal name and the status of the associated partners of the Partnership: | |
|---|---------|
| Name | Status* |
| | |
| | |
| | |

* Types of organisations:

- Non-profit association (local/regional/national)
- Non-profit association (international)
- Research institute
- Public authority (local)
- Public authority (regional)
- Public authority (national)
- Private company (manufacturing)
- Private company (services)
- Other type of organisation

C. PARTNERSHIP ACTIVITIES

*Please note that **section C** of the application form must be completed **jointly** by **all institutions** participating in this Partnership.*

Please answer on a separate sheet and follow the order of the questions hereafter. The complete description should not exceed 2 pages of text.

1. Which Partnership activities have taken place so far in the school year 2006/07?
2. Please describe briefly the results of your Partnership so far.
3. Describe any changes from the Partnership as originally designed. Specify the nature of the changes, and their effects. Changes might concern, for example, your aims and objectives, workplan or the respective roles of partners.
4. Which activities are envisaged for the remaining part of the school year 2006/07?

Please provide information on the activities taking place within and between the participating institutions, as well as the mobility activities - i.e. project meetings, teacher exchanges, teacher placements, head teacher study visits. In case there are major deviations from the initial plan, please explain why.

5. How do you intend to evaluate the progress of the Partnership and its impact?
6. How do you intend to disseminate and use the results, experience and end products of your Partnership amongst the participating institutions, other institutions and the local community?

8. Expected results, including products (add lines if necessary). At least 1 product should be jointly produced by all partners.

| Approximate date (month/year) | Description of results |
|-------------------------------|------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
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| | |

9. Mobility activities

Please present in the table below all mobilities that the participating institutions have planned for the Partnership duration (2007/08 and 2008/09, if applicable). Add lines if necessary. Please note that mobility activities can only take place between institutions receiving funding to participate in the Partnership, or to events organised by Lifelong Learning Programme projects or networks, e.g. Comenius Network conferences. **When planning your mobility activities, please consult section D (Grant request) to check the types of funding available.**

| Mobility description ³ | Sending partner | Sending country | Receiving partner | Receiving country | Approx starting date (month/year) | Duration (days) | Nr of pupils | + nr of pupils with special needs | Nr of staff ⁴ | + nr of staff with special needs | Nr of persons from associated partners (if relevant) | Total number of persons |
|-----------------------------------|-----------------|-----------------|-------------------|-------------------|-----------------------------------|-----------------|--------------|-----------------------------------|--------------------------|----------------------------------|--|-------------------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

³ e.g. project meeting, class exchange, teacher exchange, headteacher study visit, placement

⁴ In the case of mobility involving persons which special needs, enter accompanying persons such as parents, guardians or carers in this column

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
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D. Grant request

Please note that this section of the application form must be completed **individually** by each institution participating in the Partnership. The grant request relates exclusively to **your own institution's funding for 2007/08 and 2008/09, if applicable**. This means that **each** participating institution has to complete an **individual** grant request.

D.1. GRANT AMOUNT REQUESTED

The grant amount is a contribution to your Partnership costs for both local activities and mobility. Please note that the mobility numbers shown below refer to staff and/or learners and not to number of activities or number of days. Please note that the mobility numbers shown below are the minimum required for your school to receive payment of the full grant amount at final report stage. With your final report, you will need to be able to provide proof of the mobilities actually carried out (e.g. boarding passes, certificates from host schools). You are of course free to carry out more mobility activities than this minimum.

Please select from the list below the category that best corresponds to your workplan for the whole Partnership activity period and enter the correct grant amount for your own country as shown in Annex 1.

My school will carry out (select only one):

Grant amount (€)⁵:

For 1-year renewals:

At least 2 mobilities _____

or

At least 6 mobilities _____

For 2-year renewals:

At least 4 mobilities _____

or

At least 12 mobilities _____

Please note:

1. Partnership funding is awarded as a **lumpsum** - this means that costs do not have to be proven with receipts. In order to receive payment of the full grant amount at final report stage, you will have to report on local activities, mobility activities and on outcomes of your Partnership. You will also have to be able to provide proof of mobility activities which may include, for example, boarding passes and certificates from partner schools of your participation in project meetings.

2. The National Agency in each country has defined the lumpsum amount which it will grant to its schools in each of the cases shown above. You will find these amounts in Annex 1.

3. Mobility activities can be undertaken by school education staff, pupils, representatives of associated partners (e.g. parents associations, local community associations) and, in the case of mobility involving persons with special needs, by accompanying persons such as parents, guardians or carers.

⁵ Select the amount applicable in your own country from the table in Annex 1

D.2. PARTICIPANTS WITH SPECIAL NEEDS⁶

If your school's Partnership activities (local activities and/or mobility) involve staff or pupils with special needs, you may request that the usual minimum mobility numbers be reduced. This is intended to make funds available for specific extra costs linked to participation of staff or pupils with special needs. Depending on the amount of extra costs, the National Agency may agree to reduce by up to half the minimum number of mobilities for which proof must be presented at final report stage.

Don't forget that accompanying persons such as parents, guardians or carers can also take part in mobility activities involving staff or pupils with special needs.

Please provide details below.

| | |
|---|--|
| Please give details of the nature of any special needs which are linked to additional costs: | |
| Please give details of the expected extra costs: | |
| How many mobilities do you plan to carry out in total? (<i>This must be at least half of the usual number shown in section D.1 above</i>) | |

Example: Your school applies in section D.1 for a Partnership renewal with a usual minimum of 12 mobilities and plans to attend 2 project meetings in partner countries. Pupils with special needs will attend these meetings and you will have to pay for the transport of wheelchairs and for renting an adapted minibus in the destination country. Due to these extra costs, the funding available only enables you to send a total of 8 persons to the meetings (4 pupils, 2 teachers and 2 carers). If your request is clearly explained in section D.2 above, your National Agency may agree that proof of the mobility of only 8 persons (instead of the usual 12) is required at final report stage. Your organisation will be granted the same grant amount as a Partnership undertaking at least 12 mobilities.

D.3. TRAVEL TO OR FROM OVERSEAS TERRITORIES

If your school's mobility activities include travel to and/or from the Overseas Territories listed in Annex 2⁷, you may request that the minimum mobility numbers be reduced. This is intended to make funds available for extra travel costs. Depending on the amount of extra costs, the National Agency may agree to reduce by up to half the minimum number of mobilities for which proof must be presented at final report stage.

Please provide details below.

| | |
|---|--|
| Please give details of the planned mobility activities to/from Overseas Territories and of the travel costs involved: | |
| How many mobilities do you plan to carry out in total? (<i>This must be at least half of the usual number shown in section D.1 above</i>) | |

⁶ The term "special needs" is intended to cover special learning, behavioural, health or physical needs.

⁷ Or one of the following regions: Canary Islands, Guadeloupe, Martinique, French Guiana, Réunion, Azores, Madeira.

D.4 DECLARATION

To be signed and stamped by the person legally authorised to sign on behalf of your institution. Please note that the signature and the stamp has to be in the original on the application to be sent to your National Agency.

"I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge.

I confirm that my institution has the financial and operational capacity to complete the proposed project.

I take note that under the provisions of the Financial Regulation applicable to the general budget of the European Communities⁸, grants may not be awarded to applicants who are in any of the following situations:

(a) if they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

(b) if they have been convicted of an offence concerning their professional conduct by a judgement which has the force of res judicata;

(c) if they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;

(d) if they have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;

(e) if they have been the subject of a judgement which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;

(f) if following another procurement procedure or grant award procedure financed by the Community budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations.

(g) if, in their grant application, they are subject to a conflict of interest;

(h) if, in their grant application, they are guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the grant award procedure or fail to supply this information.

I confirm that neither I nor the institution for which I am acting as legal representative are in any of the situations described above, and am aware that the penalties set out in the Financial Regulation may be applied in the case of a false declaration."

Place:

Date :

Name and position in capital letters:

Signature:

ANNEX 1: NATIONAL AGENCY GRANT AMOUNTS IN EURO FOR COMENIUS PARTNERSHIP RENEWALS

| | For 1-year Renewals | | For 2-year Renewals | |
|--------|-----------------------|-----------------------|-----------------------|------------------------|
| | At least 2 mobilities | At least 6 mobilities | At least 4 mobilities | At least 12 mobilities |
| BE(fr) | 4.000 | 8.000 | 8.000 | 16.000 |
| BE(nl) | 2.500 | 5.000 | 5.000 | 10.000 |
| BE(de) | 5.000 | 8.000 | 8.000 | 16.000 |
| BG | 2.000 | 4.500 | 4.000 | 9.000 |
| CZ | 2.700 | 5.100 | 5.400 | 10.200 |
| DK | 2.500 | 5.000 | 5.000 | 10.000 |
| DE | 4.000 | 8.000 | 8.000 | 16.000 |
| GR | 3.000 | 6.000 | 6.000 | 12.000 |
| EE | 3.000 | 5.000 | 5.000 | 10.000 |
| ES | 4.000 | 5.000 | 8.000 | 10.000 |
| FR | 3.500 | 8.000 | 7.000 | 16.000 |
| IE | 4.000 | 8.000 | 8.000 | 16.000 |
| IT | 4.000 | 8.000 | 8.000 | 15.000 |
| CY | 2.500 | 6.000 | 5.000 | 12.000 |
| LV | 2.500 | 5.000 | 5.000 | 10.000 |
| LT | 3.250 | 6.000 | 6.000 | 11.500 |
| LUX | 4.000 | 8.000 | 8.000 | 16.000 |
| HU | 3.000 | 6.000 | 6.000 | 12.000 |
| MT | 4.500 | 9.000 | 9.000 | 18.000 |
| NL | 4.500 | 9.000 | 9.000 | 18.000 |
| AT | 3.000 | 5.500 | 6.000 | 11.000 |
| PL | 5.000 | 8.000 | 8.000 | 16.000 |
| PT | 3.000 | 7.000 | 5.000 | 13.000 |
| RO | 3.000 | 5.000 | 5.000 | 10.000 |
| SI | 3.250 | 6.500 | 6.500 | 13.000 |
| SK | 3.000 | 6.000 | 6.000 | 12.000 |
| FIN | 2.500 | 5.000 | 5.000 | 10.000 |
| SE | 2.250 | 5.000 | 4.500 | 10.000 |
| UK | 4.250 | 8.000 | 8.500 | 16.000 |
| IS | 3.700 | 8.100 | 7.400 | 11.200 |
| LI | 4.500 | 7.500 | 8.000 | 15.000 |
| NO | 2.750 | 6.000 | 5.500 | 12.000 |
| TR | 3.500 | 6.000 | 7.000 | 12.000 |

- Greenland
- New Caledonia and Dependencies
- French Polynesia
- French Southern and Antarctic Territories
- Wallis and Futuna Islands
- Mayotte
- St Pierre and Miquelon
- Aruba
- Netherlands Antilles
 - Bonaire
 - Curaçao
 - Saba
 - Saint Eustatius
 - Saint Martin (Sint Maarten)
- Anguilla
- Cayman Islands
- Falkland Islands
- South Georgia and the South Sandwich Islands
- Montserrat
- Pitcairn
- Saint Helena, Ascension Island, Tristan da Cunha
- British Antarctic Territory
- British Indian Ocean Territory
- Turks and Caicos Islands
- British Virgin Islands

⁹ Overseas Association Decision of the Council, 2001/822/EC of 27 November 2001, OJ L 314/1