**Application form**

**TAF-DRP Call 3**

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| **Application procedure**  Please read carefully the document ***“Guidelines for applicants”*** before completing the application form.  Find more information about the **EUSDR Priority Areas’** **(PAs’)** main targets and actions on the EUSDR webpage: <http://www.danube-region.eu/about/priorities>  Assign your project idea to the **right EUSDR Priority Area** and (where applicable) to the **relevant thematic focus** (for PAs with a restricted thematic Call **only,** see Annex I of the Guidelines for Applicants)  Wording in this application form:   * **Project** refers to the future intended project, whose development should be supported by TAF-DRP * **Project idea** refers to the current development stage of the project   Please note that all the fields and their subfields marked with **\*** must be completed.  Section 2 is not compulsory, but if applicable, all fields marked with \* must be filled in.  **Thematic Focus** is not marked with \*, but needs to be selected, if the concerned PA has a restricted thematic Call (see Annex I of the Guidelines for Applicants)  The completed application form must be **signed by the legal representative** of the applicant´s organisation, and submitted through the **online application** tool from:  **24th June 2015, 12:00 am to 26th June 2015 12:00 am CET**.  [**http://www.danube-capacitycooperation.eu/pages/taf-drp-online-application-tool**](http://www.danube-capacitycooperation.eu/pages/taf-drp-online-application-tool)  If you have any problems uploading your application on the online application tool, please contact us per E-mail: [office@eurovienna.at](mailto:office@eurovienna.at). |

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| --- | --- |
| **Project title in English\*** |  |
| **Project acronym\*** |  |
| Priority Area (PA)  Addressed\* |  |
| **For restricted Calls only:** Thematic focus |  |

**Section 1: Project Applicant\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant (Lead Partner)\*** | | | |
| Name of organisation in country´s language\* |  | | |
| Name of organisation in  English\* |  | | |
| Department/unit |  | | |
| Address\* | Street |  | |
| Post code, City |  | |
| Country |  | |
| Type of organisation\* |  | | |
| Identification code/  Registration Number |  | Registered at/with |  |
| Website of the institution |  | | |
| Legal representative\* | Name: |  | |
| Function: |  | |
| Phone\* |  | | |
| E-Mail\* |  | | |
| Justification for participating in the project\*  *Why is the participation of this organisation relevant for the project? (e.g. expertise/ experience, location)*  *Which role should the partner have in the project? (e.g. type of activities)*  *Max. 1000 characters* |  | | |
| What is the justification for needing TAF-DRP support?\*  *Please state in which fields support is needed*  *(see Guidelines for Applicants Sect. 10.1)*  *Please indicate why you need assistance in this field*  *Max. 1000 characters* |  | | |

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| **Project Team Members\*** | | |
| Project Leader/  Project Manager\* | Name: |  |
| Function: |  |
| Phone\* |  | |
| Mobile – optional |  | |
| E-Mail\* |  | |
| Contact person for the project\* | Name: |  |
| Function: |  |
| Phone\* |  | |
| Mobile – optional |  | |
| E-Mail\* |  | |
| 1. Additional Project Team Member | Name: |  |
| Function: |  |
| Phone |  | |
| Mobile – optional |  | |
| E-Mail |  | |
| 1. Additional Project Team Member | Name: |  |
| Function: |  |
| Phone |  | |
| Mobile – optional |  | |
| E-Mail |  | |
| 1. Additional Project Team Member | Name: |  |
| Function: |  |
| Phone |  | |  |
| Mobile – optional |  | |  |
| E-Mail |  | |  |

**Section 2: Project Partner(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner 1** | | | | | |
| Name of organisation in country´s language\* |  | | | | |
| Name of organisation in  English\* |  | | | | |
| Department/unit |  | | | | |
| Address\* | Street |  | | | |
| Post code, City |  | | | |
| Country |  | | | |
| Type of organisation\* |  | | | | |
| Website of the institution |  | | | | |
| Contact person for the project | Name: | |  | | |
| Function: | |  | | |
| Phone |  | | | | |
| Mobile – optional |  | | | | |
| E-Mail |  | | | | |
| Justification for participating in the project\*  *Why is the participation of this partner relevant for the project?*  *(e.g. expertise/experience, location)*  *Which role should the partner have in the project?*  *(e.g. type of activities)*  *Max. 500 characters* |  | | | | |
| Status of the Partnership with this partner\* | Close cooperation | | | Contacted | Not yet contacted |
| Additional Information  *Comment on the status of the partnership* |  | | | | |

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| **Partner 2** | | | | | |
| Name of organisation in country´s language\* |  | | | | |
| Name of organisation in  English\* |  | | | | |
| Department/unit |  | | | | |
| Address\* | Street | |  | | |
| Post code, City | |  | | |
| Country | |  | | |
| Type of organisation\* |  | | | | |
| Website of the institution |  | | | | |
| Contact person for the project | Name: | | |  | |
| Function: | | |  | |
| Phone |  | | | | |
| Mobile – optional |  | | | | |
| E-Mail |  | | | | |
| Justification for participating in the project\*  *Why is the participation of this partner relevant for the project?*  *(e.g. expertise/experience, location)*  *Which role should the partner have in the project?*  *(e.g. type of activities)*  *Max. 500 characters* |  | | | | |
| Status of the Partnership with this partner\* | Close cooperation | Contacted | | | Not yet contacted |
| Additional Information  *Comment on the status of the partnership* |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partner 3** | | | | | | |
| Name of organisation in country´s language\* |  | | | | | |
| Name of organisation in  English\* |  | | | | | |
| Department/unit |  | | | | | |
| Address\* | Street |  | | | | |
| Post code, City |  | | | | |
| Country |  | | | | |
| Type of organisation\* |  | | | | | |
| Website of the institution |  | | | | | |
| Contact person for the project | Name: | |  | | | |
| Function: | |  | | | |
| Phone |  | | | | | |
| Mobile – optional |  | | | | | |
| E-Mail |  | | | | | |
| Justification for participatingin the project\*  *Why is the participation of this partner relevant for the project?*  *(e.g. expertise/experience, location)*  *Which role should the partner have in the project?*  *(e.g. type of activities)*  *Max. 500 characters* |  | | | | | |
| Status of the Partnership with this partner\* | Close cooperation | | | Contacted | Not yet contacted |
| Additional Information  *Comment on the status of the partnership* |  | | | | | |

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| **Partner 4** | | | | | |
| Name of organisation in country´s language\* |  | | | | |
| Name of organisation in  English\* |  | | | | |
| Department/unit |  | | | | |
| Address\* | Street |  | | | |
|  | Post code, City |  | | | |
| Country |  | | | |
| Type of organisation\* |  | | | | |
| Website of the institution |  | | | | |
| Contact person for the project | Name: | |  | | |
| Function: | |  | | |
| Phone |  | | | | |
| Mobile – optional |  | | | | |
| E-Mail |  | | | | |
| Justification for participating in the project\*  *Why is the participation of this partner relevant?*  *(e.g. expertise/experience, location)*  *Which role should the partner have in the project?*  *(e.g. type of activities)*  *Max. 500 characters* |  | | | | |
| Status of the Partnership with this partner\* | Close cooperation | | Contacted | Not yet contacted |
| Additional Information  *Comment on the status of the partnership* |  | | | | |

**Section 3: Context of the project and Project Description\***

**Project Contents\***

|  |  |  |
| --- | --- | --- |
| Context of the project\*  *Which problems relevant for your project did you identify in the Danube Region?*  *Max. 1200 characters* |  | |
| Objectives of the project\*  *What are the main objectives of the project?*  *Max. 1200 characters* |  | |
| Major activities of the project\*  *Briefly describe the activities you plan to fulfil in the scope of the project*  *Max. 1200 characters* |  | |
| Key outputs of the project\* | 1 |  |
| 2 |  |
| 3 |  |

**Current Situation/Status Quo of the project\***

|  |  |
| --- | --- |
| Status quo of the project\*  *Please describe all major steps taken so far*  *(e.g. preparatory work, previous projects, partnership)*  *Max. 2000 characters* |  |
| Available documentation to prove the status quo of the project\*  *Selected Projects need to provide all required documents upon request to the expert* | Project concept  Study /analysis  Material of project activities already conducted  None  Other: |  |

**Project Relevance\***

|  |  |
| --- | --- |
| Relevance of the project for the EUSDR, the respective Priority Area and (if applicable) the thematic focus\*  *Max. 800 characters* |  |
| Geographical area of the project activities\*  *Where are the activities taking place?* |  |
| Major target group(s)\*  *Max. 500 characters* |  |

**Project Funding\***

|  |  |  |
| --- | --- | --- |
| Estimated Total Value of the Project\*  *(in Euro)* |  | |
| Available own contribution\*  *All projects need to be co-financed by the project partners* | Percentage of the total project value |  |
| In Euro |  |
| Identified Funding Sources\*  *e.g. EU-Programmes, National Programmes* |  | |

**Section 4: Request for Experts’ Services\***

**What are the needs? Which activities should be performed by the assigned expert?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority**  *1 = highest*  *5= lowest* | **Type of service requested\***  *Choose at least one relevant type of service*  *If more services are needed, please rank your needs by priority* | **Type of expertise required\***  *Expert activities to address the need/issue. Please be as specific and concise as possible* | **N° of experts’ working days\***  *Estimation* |
| **1** | Technical  Conceptual/methodological  Legal  Financial/economic  Partnership  other type of service  Please specify: |  |  |
| **2** | Technical  Conceptual/methodological  Legal  Financial/economic  Partnership  other type of service  Please specify: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority\***  *1 = highest*  *5= lowest* | **Type of service requested\***  *Choose at least one relevant type of service*  *If more services are needed, please rank your needs by priority* | **Type of expertise required\***  *Expert activities to address the need/issue. Please be as specific and concise as possible* | **N° of experts’ working days\***  *Estimation* |
| **3** | Technical  Conceptual/methodological  Legal  Financial/economic  Partnership  other type of service  Please specify: |  |  |
| **4** | Technical  Conceptual/methodological  Legal  Financial/economic  Partnership  other type of service  Please specify: |  |  |

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| --- | --- | --- | --- |
| **Priority\***  *1 = highest*  *5= lowest* | **Type of service requested\***  *Choose at least one relevant type of service*  *If more services are needed, please rank your needs by priority* | **Type of expertise required\***  *Expert activities to address the need/issue. Please be as specific and concise as possible* | **N° of experts’ working days\***  *Estimation* |
| **5** | Technical  Conceptual/methodological  Legal  Financial/economic  Partnership  other type of service  Please specify: |  |  |
|  | **TOTAL\*** (A maximum of **20-25 working days** is available) | |  |

**Additional relevant information**

|  |  |
| --- | --- |
| *What are your expectations of the expert’s work?*  *What is the desired outcome/state of the project after the consultation?*  *Other information of relevance for the consultant*  *Max. 800 characters* |  |

**Section 5: Follow-up actions\***

**Intended follow-up after delivery of experts’ services (Describe min. 3 actions!)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intended follow-up\*** | **Description of the step/action\***  *Max. 130 characters/action* | **Project**  **Partners** | **Timeline of the activity\*** |
| **Action 1** |  |  |  |
| **Action 2** |  |  |  |
| **Action 3** |  |  |  |
| **Action 4** |  |  |  |
| **Action 5** |  |  |  |
| **Action 6** |  |  |  |

**Declaration of the applicant**

* I confirm that the data contained in the application form is correct.
* I confirm that the listed Project Manager is responsible for the project and this application. In their function as project manager they can act as a change agent to the project.
* I commit to inform the Managing Unit/the Expert about all changes in Personnel in due time.
* In case my project idea is selected, I commit to provide the assigned expert with all relevant information and documentation that can be useful for developing the project concept and will hand them all required documents/material.
* In case my project idea is selected, I am aware that the type and scope of expertise will be determined between the assigned expert and the Management Unit
* I commit to closely cooperate with the assigned expert throughout the assignment.
* I commit to undertake the follow-up activities listed in section 5 of the application.
* I commit to work towards the implementation of the (future) project.
* I commit to provide a report on follow-up actions to the Management Unit of TAF-DRP, approximately 6 months after validation of the final expert report, subject to the request of the Management Unit.
* I commit to base my follow up report on the planned follow up actions listed in section 5 of this application form, as well as on the expert’s recommendations.
* I confirm that my organisation submits only one application in the 3rd TAF-DRP Call and that this project idea has not received TAF-DRP support in a previous Call.
* I confirm that this project has not been funded under START and that I did not apply simultaneously for START funding.
* I confirm that the requested TAF-DRP services are not provided by any other supporters and that the project could not be implemented without TAF-DRP support.
* I confirm that neither my organisation nor any project partner is currently at risk of bankruptcy.
* I agree that details about the project idea and the TAF-DRP outcomes may be published.
* I authorise the Management Unit and PACs to process the personal data contained in this form.

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| **Name of the legal representative\*** |  |
| **Date, Place\*** |  |
| **Signature (hard copy)\*** |  |