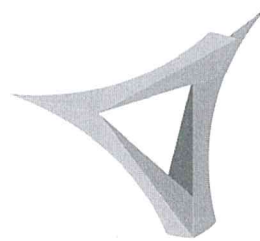




This programme is funded
by the European Union



LATVIA
LITHUANIA
BELARUS
2014-2020 ENI CBC

Contracting Authority:
Ministry of the Interior of the Republic of Lithuania
European Neighbourhood Instrument Cross-border Cooperation Programme
Latvia-Lithuania-Belarus 2014-2020
EC Decision C(2015)9316

GRANT APPLICATION FORM

The filled in Grant Application Form should be submitted to:

Joint Technical Secretariat
Konstitucijos pr. 7, LT-09308 Vilnius, Lithuania
Tel.: +370 5 261 0477
Fax: +370 5 261 0498
E-mail: information@eni-cbc.eu

Reference No: _____
(for official use only)
Date of receipt: _____
(for official use only)
Date of approval: _____
(for official use only)

Title of the Project (in English):

--

Short Title (in English):

--

Name of the Applicant:

In English	Must be filled in
In national language	

Country and Region of the Applicant:

--	--

Thematic Objective:

--

Priority:

--

1. DESCRIPTION OF THE PROJECT

1.1. Short Summary of the Project (max. 2.000 characters)

--

1.2. Analysis of the Problem and Justification for the Project Need (max. 3.500 characters)

1.3. Added Value and Novelty of the Project (max 1.500 characters)

1.4. Target Groups and Geographic Coverage (regions targeted by the project) (max. 1.500 characters)

Involvement of Vulnerable Groups:

1.5. Cross-border Character and Socio-Economic and Environmental Impact on the Targeted Region
(max. 2.000 characters)

1.6. Composition and Justification of Partnership and Role of Each Beneficiary. (max. 5.000 characters)

1.7 Fulfilment of Cooperation Criteria

Joint Development (max. 400 characters)

Joint Implementation (max. 400 characters)

Joint Staffing (max. 400 characters)

Joint Financing (max. 400 characters)

1.8 Budget of the Project		
Total eligible costs of the Project	Amount requested from the Contracting Authority	% of total eligible costs of the Project

1.9. Duration of the Project (months)	
---------------------------------------	--

2. RELEVANCE OF THE PROJECT

2.1 Contribution to the Programme Indicators

Programme result indicators		
R.1.2.2. Number of people (PRE-RETIREMENT AGE) in the Programme area, who have received support in developing their employability and entrepreneurial capacities		
Description of the expected results or produced outputs (max. 500 characters)	Number	GAs
Programme output indicators		
O.1.2.1. Number of implemented cross-border initiatives aimed at developing employability and/or entrepreneurial capacities of people (YOUTH), in the Programme area		
Description of the expected results or produced outputs (max. 500 characters)	Number	GAs
Programme output indicators		
O.2.1. Number of cross-border cooperation initiatives involving joint/coordinated decision making in the sphere of tackling common challenges		
Description of the expected results or produced outputs (max. 500 characters)	Number	GAs
Programme output indicators		
O.1.2.2. Number of implemented cross-border initiatives aimed at developing employability and/or entrepreneurial capacities of people (PRE-RETIREMENT AGE), in the Programme area		
Description of the expected results or produced outputs (max. 500 characters)	Number	GAs

2.2 Respect of Cross-cutting Issues

Environmental sustainability (max. 500 characters)	Impact	
Equal opportunities and non-discrimination (max. 500 characters)	Impact	
Gender equality (max. 500 characters)	Impact	

2.3 Compliance with National, Regional or Local Planning Documents /Strategies (max. 2.000 characters)

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2.4 Compliance with the EUBSR Strategy (max. 1.000 characters)

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3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Lead Beneficiary	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Adress of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 2	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Adress of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 3	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Address of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 4	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Adress of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 5	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Adress of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 6	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Adress of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 7	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Address of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

3. DETAILS ON INVOLVED BENEFICIARIES (PARTNERS)

Test print

Beneficiary 8	in English	Must be filled in		
	in national language			
Country				
County/Region/City				
Municipality				
Legal form				
Type of organisation				
Registration No. or equivalent				
Date of registration			Place and country of registration	
Official address of registration of organisation				
Adress of registered branch office (if applicable)				
Telephone Number (country code+number)			Fax Number (country code+number)	
Website of the organisation				
Registered for VAT		☐ Yes ☐ No		VAT payer Number
Contacts for correspondence				
Contact person				
Position in organisation				
Correspondence address				
Telephone Number (country code+number)			Mobile Telephone Number (country code+number)	
Fax Number (country code+number)			E-mail address	

4. LOGICAL FRAMEWORK FOR THE PROJECT					Test print
	Rationale (I)	Objectively verifiable indicators of achievement (II)	Sources and means of verification (III)	Assumptions (IV)	
Overall objective: IMPACT					
Maximum number of characters 500					Actual no of characters
	Rationale (I)	Objectively verifiable indicators of achievement (II)	Sources and means of verification (III)	Assumptions (IV)	
Specific objectives: RESULTS (OUTCOMES)					
Maximum number of characters 1.000					Actual no of characters

	Rationale (I)	Objectively verifiable indicators of achievement (II)	Sources and means of verification (III)	Assumptions (IV)
Outputs:				

Maximum number of characters 1.500

Actual no of characters

Actual no of characters

Actual no of characters

Actual no of characters

	Rationale (I)	Objectively verifiable indicators of achievement (II)	Sources and means of verification (III)	Assumptions (IV)
Activities:				
Maximum number of characters 1.500	Actual no of characters	Actual no of characters	Actual no of characters	Actual no of characters

5.1. First group of activities (GA 1)			
No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
2. Internal monitoring and reporting procedures	Must be filled in	Must be filled in	Must be filled in

5.2. Second Group of Activities (GA 2) - Activity 1

Title of GA 2	Must be filled in		
Aim of the GA 2	Must be filled in		
Responsible Beneficiary	Must be filled in		
No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.2. Second Group of Activities (GA 2) - Activity 2

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.2. Second Group of Activities (GA 2) - Activity 3			
No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in
		18	18

5.2. Second Group of Activities (GA 2) - Activity 4

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.2. Second Group of Activities (GA 2) - Activity 5

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.3. Third Group of Activities (GA 3) - Activity 1

Title of GA 3	Must be filled in		
Aim of the GA 3	Must be filled in		
Responsible Beneficiary	Must be filled in		
No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.3. Third Group of Activities (GA3) - Activity 2

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.3. Third Group of Activities (GA 3) - Activity 3

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.3. Third Group of Activities (GA 3) - Activity 4

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.3. Third Group of Activities (GA 3) - Activity 5

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.4. Fourth Group of Activities (GA 4) - Activity 1			
Title of GA 4	Must be filled in		
Aim of the GA 4	Must be filled in		
Responsible Beneficiary	Must be filled in		
No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.4. Fourth Group of Activities (GA 4) - Activity 2

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.4. Fourth Group of Activities (GA 4) - Activity 3

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.4. Fourth Group of Activities (GA 4) - Activity 4

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.4. Fourth Group of Activities (GA 4) - Activity 5

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.5. Fifth Group of Activities (GA 5) - Activity 1			
Title of GA 5	Must be filled in		
Aim of the GA 5	Must be filled in		
Responsible Beneficiary	Must be filled in		
No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.5. Fifth Group of Activities (GA 5) - Activity 2

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.5. Fifth Group of Activities (GA 5) - Activity 3

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.5. Fifth Group of Activities (GA 5) - Activity 4

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

5.5. Fifth Group of Activities (GA 5) - Activity 5

No. and Title of Activity	Involved Beneficiaries	Description and Timing of the Activity	Outputs and their quantification
Must be filled in	Must be filled in	Must be filled in	Must be filled in

DESCRIPTION OF COMMUNICATION PLAN

Test print

5.6. Description of Communication Plan (max. 3000 characters)

Ownership of the outputs and results and institutional sustainability (max 2000 characters)

Financial plan (max 2000 characters)

Action plan and further use of the Project outcomes (max 2000 characters)

Accessibility to public (max 2000 characters)

Sustainable structures/networks, if relevant (max 2000 characters)

7. METHODOLOGY OF THE PROJECT IMPLEMENTATION

7.1. Means and Methods of Implementation (max 5.500 characters)

7.2. Analysis of Implementation Risks Related to GAs

Associated risks
(max 1.000 characters)

Measures to mitigate the risks (max 2.000 characters)

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7.3. Links between Soft Activities and Investments (max 2.000 characters)

7.4. Procurement of External Services.(max 2.000 characters)

8. TIMETABLE OF THE PROJECT

Test print

8.1. Duration of the Project (months)

8.2. Timetable by quarters (3 months)

GA	Title of GA	Quarter I	Quarter II	Quarter III	Quarter IV	Quarter V	Quarter VI	Quarter VII	Quarter VIII
1	Management and coordination system								
2	Must be filled in								
3	Must be filled in								
4	Must be filled in								
5	Must be filled in								

9. ADMINISTRATIVE AND INSTITUTIONAL CAPACITY TO MANAGE AND IMPLEMENT THE PROJECT					Test print
9.1 Experience in the Field of EU Funded and Other National Instruments and International Programmes' Projects					
Lead Beneficiary/ Beneficiaries <i>Must be filled in</i>	Title of the project <i>Must be filled in</i>	Brief description of the project and duration (months) <i>Must be filled in</i>	Years of implementation	Budget (EUR)	

Lead Beneficiary/ Beneficiaries	Title of the project	Brief description of the project and duration (months)	Years of implementation	Budget (EUR)

9.2 Experience and Capacities of the Staff

Applicant (Lead Beneficiary)

General Information on the Lead Beneficiary Organisation (max 1.000 characters)

Experience and Capacities of the Lead Beneficiary's Staff Assigned to the Project (max 2.000 characters)

Detailed Description and Justification of External Experts to be Contracted (max 1.500 characters)

Beneficiary 2 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project (max 2.000 characters)

Detailed Description and Justification of External Experts to be Contracted (max 1.500 characters)

Beneficiary 3 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project (max 2.000 characters)

Detailed Description and Justification of External Experts to be Contracted (max 1.500 characters)

Beneficiary 4 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project

External Experts to be contracted

Beneficiary 5 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project

External Experts to be contracted

Beneficiary 6 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project

External Experts to be contracted

Beneficiary 7 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project

External Experts to be contracted

Beneficiary 8 (Partner)

Experience and Capacities of the Beneficiary's Staff Assigned to the Project

External Experts to be contracted

9.3 Experience in Sector and Area of Operation of Lead Beneficiary and Beneficiaries (max 2500 characters)

9.4 Experience of Lead Beneficiary and Beneficiaries in Procurement of Service, Supplies and Works within the Last 3 Years

[illegible]

9.5 Partnership (Lead Beneficiary and Beneficiaries) Resources for Co-financing (max 2500 characters)

9.6 Partnership (Lead Beneficiary and Beneficiaries) Resources for Finalisation of the Project,
Payment for All Contracts and Commitments (max 2500 characters)

9.7 Financing sources of the Applicant (Lead Beneficiary) in EUR

Sources of funding	Year 1	Year 2	Year 3
EU Commission			
Member States public bodies			
International organisations			
Private sector			
Members' fees			

11. BUDGET TABLE 2 - SOURCES OF FUNDING		Test print
Financing sources	Amount (in EUR)	Percentage %
TOTAL PROJECT FUNDING		
EU FUNDING (GRANT AMOUNT REQUESTED)		
TOTAL CO-FINANCING BY BENEFICIARIES		
Co-financing by Applicant/Lead Beneficiary		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 2		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 3		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 4		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 5		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 6		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 7		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		
Co-financing by Beneficiary 8		
<i>state budget</i>		
<i>regional authority budget</i>		
<i>municipal budget</i>		

12. BUDGET TABLE 3 - ESTIMATED COSTS OUTSIDE PROGRAMME AREA

Activities outside Programme area	Beneficiary	Total costs outside the Programme area (in EUR)	% of total budget
Total costs			

I, the undersigned, as representative of the erika applying for funding from the Latvia, Lithuania and Belarus Cross-border Cooperation Programme within the European Neighbourhood Instrument 2014-2020 approved by the EC decision No.C(2015)9136 of 17 December 2015 (hereinafter – the Programme) as the Applicant of the Project hereby declare:

1. To possess sufficient human, financing and administrative capacity as specified in the Chapter 2 of the Guidelines for Applicants and Beneficiaries necessary for implementation of the proposed Project. In particular it will be able to maintain sufficient financial liquidity to finance activities of the Project until receipt of the interim and balance payments;
2. Itself and its beneficiary(s) are not in any of the situations excluding them from participation in the Call for Proposals and award of Grant Contract which are listed in Chapter 2 of the Guidelines for Applicants and Beneficiaries;
Furthermore, it is recognised and accepted that if we participate in spite of being in any of these situations we may be excluded from other procedures in accordance with the Chapter 2 of the Guidelines for Applicants and Beneficiaries;
3. Itself and its beneficiary(ies) are eligible in accordance with the criteria set out under the Chapter 2 of the Guidelines for Applicants and Beneficiaries;
4. To inform the public about funding received from the Programme to implement the Project in compliance with Communication and Visibility Manual for EU External Actions and Programme requirements as set in Chapter 3 of the Guidelines for Applicants and Beneficiaries;
5. To be directly responsible for the management and implementation of the Project with its beneficiaries, and not to act as an intermediary;
6. To undertake to comply with the principles of good partnership practice, including:
 - a) to consult beneficiaries regularly and keep them fully informed on the progress of the Project;
 - b) to send to beneficiaries copies of the reports made for the Managing Authority;
 - c) to agree with beneficiaries on proposals for changes to the Project before submission to the Managing Authority. Where no such agreement can be reached, the Applicant/Lead Beneficiary must clearly indicate this fact when submitting changes for approval to the Managing Authority;
7. Itself and its beneficiaries have provided all the supporting documents as stipulated under the Chapter 2 of the Guidelines for Applicants and Beneficiaries and confirms that the information provided within the supporting documents is true and correct. Moreover the Applicant by signing the Declaration declares that:
8. The proposed Project does not fall under the category of non-supported projects as indicated in the Chapter 2 of the Guidelines for Applicants and Beneficiaries, in particular, the Applicant/Lead Beneficiary and beneficiaries do not receive or has not applied for any State aid or de minimis aid to finance the same costs and activities supported by the Programme.
9. The proposed Project neither in whole nor in part has been financed from the other international, national, regional or European Union financial instruments or programmes;
10. The Project will be co-financed by the Lead Beneficiary and beneficiary (-ies) from their own resources or from sources other than the European Union funding;
11. The activities that will be carried out in the framework of the Project are in line with the European Union national legislation and the Programme rules.
12. Itself and its beneficiary (s) are aware that, for the purposes of safeguarding the financial interests of the European Union, their personal data may be transferred to internal audit services, the European Court of Auditors, the Financial Irregularities Panel or the European Anti-Fraud Office;
13. In case of signature of the Grant Contract with the Managing Authority will assume a full legal and financial responsibility for project implementation vis-à-vis that authority as Lead Beneficiary.

Please tick, if relevant

- ☐ VAT – our organisation is not entitled to recover any paid Value Added Tax (VAT) by whatever means, and therefore all project related expenditure to be reported will include VAT.

Name and position of the signatory	
Location	
Date of signature	
Signature and stamp	