**APPLICATION FORM (PART A)**

G-06-2023

Characterization of European forest disturbances

**INSTRUCTIONS**

The Application Form consists of two parts:

* Part A contains structured administrative information
* Part B is a technical description of the project

The Application Form must be prepared as per the instructions below and in the call submission guidelines.

You are not allowed to change any part of the Application form (Part A), except that these instructions can be deleted in the submitted document.

The form must be submitted as a single pdf document along with the annexes 3 and 4

The following formatting rules must be adhered to:

Font: Calibri

Minimum font size: 11 pt

Line spacing: 1

Orientation: Portrait

Page size and margins: Pages size A4, all margins (top, bottom, left, right) should be at least 2 cm (not including any footers or headers)

PART A: ADMINISTRATIVE INFORMATION

1. **PROJECT INFORMATION**

|  |  |
| --- | --- |
| Project name: |  |
| Project acronym: |  |
| Duration in months |  |

1. **PARTICIPANTS**

**A2.1. COORDINATOR**

|  |
| --- |
| Coordinator is the legal entity that:   * Submits the Application * Signs any contractual documents — including the Grant agreement and amendments thereto — and issues any invoices related to the Grant on behalf of the Participants * Acts as the single contact point with the European Forest Institute for administrative and financial aspects of the Project * Receives payments by the European Forest Institute related to the Grant * Coordinates all the tasks and activities in the project   Only one legal entity can have the role of the coordinator. All the other entities must be marked as participant in section A2.2. below  In case there is only participant, then it must be marked as the coordinator. |

|  |  |  |  |
| --- | --- | --- | --- |
| Official name | Abbreviation | Address | Type of Organisation |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please provide the name of the person, position, and email address, representing the coordinator organisation with the legal capacity to act on behalf or his/her organisation and is authorised to sign this application form* | | | | |
| Title | First Name | Family Name | Position | Email address |
|  |  |  |  |  |

**A2.2 OTHER PARTICIPANTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Copy the rows below if there more than three (3) participants in the project.* | | | | |
| # | Official name | Abbreviation | Address | Type of Organisation |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

1. **SUBMITTED DOCUMENTATION**

We confirm that the following documentation has been submitted along with this form (please mark with X):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Part B of the Application form- Technical description | Please use Annex 2 |  |
|  | Power of Attorney for Coordinator (in case there is more than one organisation participating in the project) | Please use Annex 3  This is submitted by all participants other than the coordinator. |  |
|  | Declaration – Principles for Funding and exclusion from funding | Please use Annex 4  This is submitted by all the participants (including the coordinator) |  |

1. **DECLARATIONS**

|  |  |  |
| --- | --- | --- |
| *All declarations are mandatory (Please mark with X in the right-hand column).*  *Please note that there is a separate Declaration form on Principle for funding and Exclusion from funding (annex 4) to be filled by all participants (including the coordinator).* | | |
|  | We accept the terms and conditions set out in the Call for grant and the Grant submission guidelines, including its annexes, and waives all other terms |  |
|  | We declare to have the explicit consent of all participants on their participation and on the content of this application |  |
|  | We confirm that the information contained in this application is correct and complete (including the documentation in section A.3) and that none of the activities have started before the application was submitted (unless explicitly authorised in the call conditions). |  |

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

Representative authorised to sign on behalf of the Coordinator as listed above in A2.1