|  |
| --- |
| Baltic Research Programme 2014-2021Application form 2019 for cooperation projects in higher education |

1. **General information**

Before completing this application form, read the relevant sections in the Call for Proposals and the Guide for Applicants for 2019 that contain additional information. Links to these documents and further information can be found on the website: **http://haridus.archimedes.ee/emp-toetused**

Cooperation projects at higher education level are based on the participation of at least two higher education institutions, one from Estonia and the other from one from one EEA country (Norway, Iceland or Liechtenstein). In case three or more countries wish to participate in the same cooperation project, the main project partner in each country has to always be a higher education institution. In each partner country, the participating higher education institutions can involve other project partners in the project, such as organisations or businesses interested in the higher education sector and the theme of the project.

Projects can either help in the development of an intellectual output (such as the development of curricula or giving opportunities for mobility windows by supporting the integration between higher education and employment) or enable the exchange of good practices (in terms of study methods, as well as enabling short-term study exchanges).

This application form should be completed by the Estonian higher education institution (project coordinator), in close cooperation with its partners. It shall give full details of the project including the details of all partners, all planned activities, outputs and the grant requests for all partners involved.

The project coordinator must submit the application to Archimedes Foundation by **25th of April, 2019 at 4pm Estonian time** in digital form (including all requested supporting documents) here: http://archimedes.ee/tegevus/dokumendi-saatmine/.

The information provided in your application form may be used by the Archimedes Foundation to evaluate the Baltic Research Programme. Any personal data included in the application form shall be processed by Archimedes Foundation in accordance with The [General Data Protection Regulation(EU) 2016/679](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32016R0679)and The[Terms and Conditions of Data Protection in Archimedes Foundation](http://archimedes.ee/en/sihtasutus/terms-conditions-data-protection%22%20%5Ct%20%22_blank)**.**

All personal data shall be processed solely in connection with the implementation and follow-up of the **Baltic Research Programme** by the Archimedes Foundation, with the possibility of passing the data to the bodies responsible for inspection and audit in accordance with the law.

1. **Submission data**

|  |  |
| --- | --- |
| **Action** | Cooperation projects in higher education |
| **Project title** |  |
| **Countries involved in the project** | Click here to enter text. |
| **Total number of partners**  | Click here to enter text. |
| **Duration of the project in months** |  |
| **Expected start date of the project** | Click here to enter text. |
| **Expected end date of the project** | Click here to enter text. |

1. **Applicant and other organisation(s) data**

|  |
| --- |
| C.1 Applicant organisation |

**C.1.1 - Organisation**

|  |  |
| --- | --- |
| **Role in the project** | **COORDINATOR OF THE PROJECT – Higher education institution** |
| **Full Legal Name in national language and in English** | Click here to enter text. |
| **Official address** | Click here to enter text. |
| **Postal code** | Click here to enter text. | **Town** | Click here to enter text. |
| **Country** | Estonia |
| **Telephone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Website** | Click here to enter text. |

**C.1.2 – Legal representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name** | [ ] Mr[ ] Ms/Mrs | Click here to enter text. | **First Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Telephone 1** | Click here to enter text. |
| **Email** | Click here to enter text. |

**C.1.3 – Contact person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name** | [ ] Mr[ ] Ms/Mrs | Click here to enter text. | **First Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Telephone**  | Click here to enter text. | **Mobile phone** | Click here to enter text. |
| **Email** | Click here to enter text. |

**C.1.4 – Objectives and strategies of the organisation**

Provide a short presentation of the organisation in relation to previous experience within the thematic area covered by the project.

Click here to enter text.

Describe the role of the organisation in the project.

Click here to enter text.

|  |
| --- |
| C.2 Partner organisation |

**C.2.1 - Organisation**

|  |  |
| --- | --- |
| **Role in the project** | **PROJECT PARTNER– Higher education institution** |
| **Full Legal Name in national language and in English** | Click here to enter text. |
| **Legal status** | Choose an item. |
| **Official address** | Click here to enter text. |
| **Postal code** | Click here to enter text. | **Town** | Click here to enter text. |
| **Country** | Click here to enter text. |
| **Telephone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Website** | Click here to enter text. |

**C.2.2 – Legal representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name** | [ ] Mr[ ] Ms/Mrs | Click here to enter text. | **First Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Telephone**  | Click here to enter text. |
| **Email** | Click here to enter text. |

**C.2.3 – Contact person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name** | [ ] Mr[ ] Ms/Mrs | Click here to enter text. | **First Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Telephone**  | Click here to enter text. | **Mobile phone** | Click here to enter text. |
| **Email** | Click here to enter text. |

**C.2.4 – Objectives and strategy of the organisation**

Provide a short presentation of the organisation in relation to previous experience within the thematic area covered by the project.

Click here to enter text.

Why and how was this particular organisation chosen as a partner?

Click here to enter text.

***If additional higher education institutions are involved in the project, please copy and paste the relevant sections in the form.***

|  |
| --- |
| C.3 Partner organisation – other than higher education institution |

**C.3.1 - Organisation**

|  |  |
| --- | --- |
| **Role in the project** | **PROJECT PARTNER - OTHER THAN HIGHER EDUCATION INSTITUTION** |
| **Full Legal Name in national language and in English** | Click here to enter text. |
| **Type of organisation** | Click here to enter text. |
| **Official address** | Click here to enter text. |
| **Postal code** | Click here to enter text. | **Town** | Click here to enter text. |
| **Country** | Click here to enter text. |
| **Telephone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Website** | Click here to enter text. |

**C.3.2 – Legal representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name** | [ ] Mr[ ] Ms/Mrs | Click here to enter text. | **First Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Telephone**  | Click here to enter text. |
| **Email** | Click here to enter text. |

**C.3.3 – Contact person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name** | [ ] Mr[ ] Ms/Mrs | Click here to enter text. | **First Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Telephone**  | Click here to enter text. | **Mobile phone** | Click here to enter text. |
| **Email** | Click here to enter text. |

**C.3.4 – Objectives and strategy of the organisation**

Provide a short presentation of the organisation in relation to previous experience within the thematic area covered by the project.

Click here to enter text.

Why and how was this particular organisation chosen as a partner?

Click here to enter text.

***If additional organisations (other than higher education institutions) are involved in the project, please copy and paste the relevant sections of the form.***

1. **Project description**

|  |
| --- |
| D.1 Publishable summary |

Write a short general summary of the planned cooperation project, including target group, which needs are addressed, the main aims, why it is needed and innovative (between 700 and 1000 characters). More detailed aspects of the project should be described below.

*This description may be used by the Archimedes Foundation when providing information on selected projects, so please be clear and precise.*

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| D.2 Intellectual output |

In case your project includes the development of an intellectual output, describe it in more detail. In case of multiple outputs, list each one separately (minimum 700 characters).

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| D.3 Exchange of good practices |

In case your project focuses on the exchange of good practices, describe the expected outcomes.

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| D.4 Project includes planned activities |

Tick in the table below the planned activity/activities within your cooperation project. Please note, at least one of these is mandatory for all cooperation projects.

|  |
| --- |
|[ ]  Short-term study exchanges |
|[ ]  Intensive study courses (summer-, winter schools) |
|[ ]  Short-term courses for staff and lecturer |

Describe all above ticked activities for this project in detail (why they are needed, what outcomes are expected etc). A breakdown by date of all project activities should be provided in section D5.

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| D.5 Working plan |

Summarise in the table below all the planned project activities (transnational project meetings, learning teaching training activities, multiplier events, intellectual outputs etc) chronologically for all project partners involved in the lifecycle of the cooperation project. In order to be financially eligible, all activities have to take place during the project length (12-24 months). The earliest start date for projects is 01.09, the latest start date is 31.12).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Name(s) of partner institution(s) involved** | **Approx. start date** (MM/YY) | **Type of activity**  | **Activity description** |
| 1 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 2 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 3 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 4 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 5 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 6 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 7 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 8 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 9 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 10 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 11 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 12 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 13 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 14 | Click here to enter text. | Enter date. | Click here to enter text. |  |
| 15 | Click here to enter text. | Enter date. | Click here to enter text. |  |

***Add rows if necessary***

Why was this structure chosen for your working plan? Add any relevant information about your working plan not previously mentioned.

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| D.6 Exceptional costs |

In case you request funding for exceptional costs, please describe each item/service separately, including relevancy to project, why it cannot be covered by partner institutions, examples of prices of such items, how it will be used and anything else that you deem relevant. The project grant will cover 75% of eligible costs. The rest needs to be co-financing from the project partners.

|  |
| --- |
| Click here to enter text. |

1. **project management**

|  |
| --- |
| E.1 Distribution of tasks |

Indicate the specific tasks of each participating institution and its contribution to the planned activities, results and outcomes.

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| E.2 Project management and communication |

Explain the way you intend to manage your project including organising effective cooperation and communication between participating institutions.

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| E.3 Impact |

What impact and benefits do you expect your project activities to have on different target groups (teachers, staff in higher education administration, students, etc.) and on the participating institutions/ organisations? Will students receive ECTS (if applicable)?

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| E.4 Dissemination and use of results |

How will you disseminate and use the results and experiences of the project in the participating organisations/the local communities/in the wider community? In case your project includes an intellectual output, will you organise a multiplier event? If so, when, where and in what form will it take place?

\*Minimum length of answer is 700 characters

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| E.5 Sustainability |

Will the cooperation continue after the funded project? Outline your expectations concerning future cooperation between partner countries and institutions, the sustainability of results (e.g. implementation of good practice, use and further development of outputs or approaches) as well as other possible measures to sustain your activities.

|  |
| --- |
| Click here to enter text. |

1. **Requested funding, all sums in EUR**

|  |
| --- |
| F.1 Total funding |

Indicate below the total project costs and the total amount of your grant request that includes the costs of all partner institutions. In addition, it is mandatory to fill in a more detailed Excel document including a financial breakdown of each category! The grant amount for a 12-24-months cooperation project will be minimum 10 000 euros and maximum 150 000 euros. The project length needs to be in full months but can be any length between 12 and 24 months.

|  |
| --- |
| **PROJECT COSTS** |
| **Total Grant requested** | Click here to enter text. |

1. **Checklist**

**Before sending in your application form digitally via** <http://archimedes.ee/dokumendi-saatmine/> **to the Archimedes Foundation, make sure that:**

|  |
| --- |
| ☐ The application complies with the application procedures and eligibility criteria in the relevant Call for Proposals and Guide for Applicants.☐ The applicant institution is established in Estonia The cooperation project consists of at least two higher education institutions, one of which is located in Estonia and the other either in Norway, Iceland or Liechtenstein.☐ In each partner country, at least one higher education institution is involved and is the main partner in that country for the project.☐ The application form has been completed in English.☐ The application form is not hand written.☐ All relevant fields in the application form have been completed in full and the form has been attached to the file container. ☐ The Excel file with a detailed breakdown of the funding requested has been filled in full and attached to the file container.☐ Letter(s) of intent from each participating organisation have been attached to the file container.☐ The file container is digitally signed by the person legally authorised to sign on behalf of the applicant institution☐ The application is submitted respecting the closing date and time set out in the Call for Proposals. |

1. **Declaration by legal representative of applicant organisation**

**This section must be signed and by the person legally authorised to sign on behalf of the applicant institution/organisation – usually the Head of the institution.**

"**I, the undersigned,**

Request from Archimedes Foundation a grant for my organisation as set out in section TOTAL FUNDING of this application form.

**Declare that:**

1. All information contained in this application, is correct to the best of my knowledge.
2. The organisation I represent has the adequate legal capacity to participate in the call for proposals.

EITHER

The organisation I represent has financial and operational capacity to complete the proposed action or work programme

OR

The organisation I represent is considered to be a "public body" in the terms defined within the Call and can provide proof, if requested of this status, namely: It provides learning opportunities and

1. Either (a) at least 50% of its annual revenues over the last two years have been received from public sources;
2. Or (b) it is controlled by public bodies or their representatives

I am authorised by my organisation to sign Community grant agreements on its behalf.

**Certify that:**

The organisation I represent:

1. is not bankrupt, being wound up, or having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, nor is it in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
2. has not been convicted of an offence concerning its professional conduct by a judgment which has the force of ‘res judicata’;
3. has not been guilty of grave professional misconduct proven by any means which the Archimedes Foundation can justify ;
4. has fulfilled its 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 it is established or those of the country where the grant agreement is to be performed;
5. has not been the subject of a judgment which has the force of ‘res judicata’ for fraud, corruption, involvement in a criminal organisation or any other illegal activity;

**Acknowledge that:**

The organisation I represent will not be awarded a grant if it finds itself, at the time of the grant award procedure, in contradiction with any of the statements certified above, or in the following situations:

1. subject to a conflict of interest (for family, personal or political reason or through national, economic or any other interest shared with an organisation or an individual directly or indirectly involved in the grant award procedure);
2. guilty of misrepresentation in supplying the information required by Archimedes Foundation as a condition of participation in the grant award procedure or has failed to supply this information.

In the event of this application being approved, the Archimedes Foundation has the right to publish the name and address of this organisation, the subject of the grant and the amount awarded and the rate of funding.

**I acknowledge that administrative and financial penalties may be imposed on the organisation I represent if it is guilty of misrepresentation or is found to have seriously failed to meet its contractual obligations under a previous contract or grant award procedure.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within the organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the applicant organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEX I**

**Unit costs**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ***All costs in €*** |  |

**Unit costs for staff developing intellectual outputs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Manager** | **Researcher, Teacher, Trainer, Youth Worker** | **Technician** | **Administrative Staff** |
|  | B1.1 | B1.2 | B1.3 | B1.4 |
| **Liechtenstein, Norway** | 294 | 241 | 190 | 157 |
| **Iceland** | 280 | 214 | 162 | 131 |
| **Estonia** | 88 | 74 | 55 | 39 |

**Support for short-term learning mobility related to project activities**

|  |
| --- |
| **Living support based on unit cost:** |
| Living support for students (short-term learning mobility and intensive courses) | Living support of participants during the study period/day | Unit cost | Up to day 14: **58** euros per day per participant+on days 15–30: **42** euros per day per participant | Number of days |
| Living support of employees ( joint short term staff courses, teaching or expert guidance for intensive study programmes) | Living support of participants during the study period/day | Unit cost | Up to day 14 of the action: **106** euros per day per participant + on days 15–30 of the action: **74** euros per day per participant | Number of days |
| Special needs support | Additional support directly related to participants with special needs, including, in justified cases, the travel and living support of the accompanying persons, except when the costs of the latter are covered based on unit costs. The need for such costs must be justified in the application. | According to the actual costs | 100% of eligible costs | Supporting documents on expenditure |

**Travel support**

|  |
| --- |
| Distance from destination 10–99 km: **20 EUR/participant**  |
| Distance from destination 100–499 km: **180** **EUR/participant** |
| Distance from destination 500–1999 km: **275** **EUR/participant** |
| Distance from destination 2000–2999 km: **360** **EUR/participant** |
| Distance from destination 3000–3999 km: **530** **EUR/participant** |
| Distance from destination 4000–7999 km: **820** **EUR/participant** |
| Distance from destination 8000 km or more: **1500** **EUR/participant** |

**ANNEX II**

**Staff categories&Multiplier event**

**Staff categories**

|  |
| --- |
| B1.1 Manager |
| B1.2 Researcher, Teacher, Trainer, Youth worker |
| B1.3 Technician |
| B1.4 Administrative staff |

**Multiplier events**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Multiplier events  | Local and international conferences, seminars, events to promote wider introduction and dissemination of intellectual outputs of the project. This item does not include travel and subsistence expenses for representatives of organisations participating in the project.Support for multiplier events will only be granted if they are directly related to the dissemination of the intellectual output of the project. | Unit cost | 100 euros per local participant (i.e., for participants living in the country in which the event takes place).200 euros per international participant (i.e., participants from other countries).Cannot be more than 7% of the overall budget of the project. | Number and origin of participants. Unit cost is only calculated per participants outside the consortium. In case your project has not been granted support to develop an intellectual output, no support will be provided for organising a multiplier event. |