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| EEA/NORWAY Cooperation Programmein Higher Education**APPLICATION FORM 2020 FOR****STAFF MOBILITY IN HIGHER EDUCATION** |

1. **General Information**

Before completing this application form, please read the relevant sections in the Call for Proposals and Guide for Applicants which contain additional information about the Programme. Links to these documents and further information can be found on the website:

<http://haridus.archimedes.ee/empnorra-korghariduse-koostooprogramm>

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 request for all partners involved.

The project coordinator must submit the application to Archimedes Foundation by **April 13th 2020** in digital form (including all requested supporting documents).

The information provided in your application form may be used by Archimedes Foundation to evaluate the implementation of the EEA/Norway Cooperation Programme in Higher Education.

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 EEA/Norway Cooperation Programme in Higher Education  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**

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| **Programme** | **EEA/Norway Cooperation Programme in Higher Education**  |
| **Action** | **Staff Mobility in higher education** |
| **Call** | **2020** |
| **Deadline** | **April 13th 2020,** at **16:00 (EET)** |
| **Submitting** | **Documents to be submitted:**1. **Application form** (current form)
2. **Letter(s) of intent** (all institutions, including coordinating institution)

**Digitally signed container must be submitted electronically via**:<http://archimedes.ee/dokumendi-saatmine/> |
| **Date** | Click here to enter a date. |

1. **Applicant and partner organisation(s) Data**

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| C.1 Applicant organisation |

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| **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. |
| **Department – if applicable** | 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** | **ESTONIA** |
| **Telephone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Website** | Click here to enter text. |

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| C.1.1 Legal Representative |

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| **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. |

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| C.1.2 Contact person |

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| **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. |
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| C.2 partner organisation  |

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| **Role in the project** | **PROJECT PARTNER– 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. |
| **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. |

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| C.2.1 legal representative |

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| --- | --- | --- | --- | --- |
| **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. |

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| C.2.2 Contact person |

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| **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. |

***If additional partner organisations are involved in the project, please copy and paste the relevant sections in the form.***

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| **C.3. SUMMARY OF PARTICIPANT ORGANISATIONS** |

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| --- | --- | --- | --- | --- |
| ***Role of the organisation***  | ***Name of the Organisation*** | ***Country of the Organisation*** | ***Type of Organisation*** | ***Letter of Intent*** |
| ***Applicant Organisation*** |  |  |  | [ ] Yes |
| ***Partner organisation*** |  |  |  | [ ] Yes |
|  |  |  |  |  |
|  |  |  |  |  |
| ***Total number of participating organisations:*** |  |  |  |  |

**D. Project description**

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| D.1 Publishable summary |

Please write a summary of the planned mobility project explaining who will be the target group of the project, which needs are addressed and which are the main aims and expected outcomes (between 700 and 1000 characters).

*Please note that this description will be used by Archimedes Foundation when publishing information on selected projects, so please be clear and precise.*

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| Click here to enter text |

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| D.2 Project Relevance And Objectives |

Describe the objectives and goals of your planned mobility project. Please describe the needs of your institution and your partner institution(s) that are being addressed with regard to the group of participants defined above (D.5).

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| Click here to enter text |

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| D.3 Management/ Implementation  |

Please explain the way you intend to manage your project. What approach your institution and partners will take in order to achieve the objectives and targets of the mobility? What methods will be used to ensure a transparent and fair selection of persons participating in the mobility? Describe how the mobility is organized and how its quality is assured.

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| Click here to enter text |

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| D.4 Expected outcomes/Impact |

What impact and benefits do you expect your project activities to have on different target groups (teachers, staff in higher education administration etc.) and on the participating institutions/ organisations? How will you disseminate and use the results?

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| Click here to enter text |

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| D.5 MOBILITY FLOWS  |

Please provide the **mobilities** you apply for in the academic year 2020/2021. Please indicate your best estimation of the number of staff mobilities for both **incoming (from Island, Liechtenstein, Norway to Estonia)** and **outgoing (from Estonia to Island, Liechtenstein, Norway)** mobility, if relevant. Please indicate also the total durations of the mobility periods abroad.

*Please remember that the duration of learning mobility projects is up to 12 months.*

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| D.5.1 Applied Mobility Flows- individual support  |

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| --- | --- | --- | --- | --- | --- |
| **Type of mobility** | **From Estonia** | **Number of staff** | **Duration (average) per****each staff member in days** | **Total number of stay in days** | **Total number of stay in grant** *(1 day=250eur)* |
| Teaching |  |  |  |  |  |
| Training |  |  |  |  |  |
|  **Total** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of mobility** | **To Estonia** | **Number of staff** | **Duration (average) per****each staff member in days** | **Total number of stay in days** | **Total number of stay in grant** *(1 day=150eur)* |
| Teaching |  |  |  |  |  |
|  **Total** |  |  |  |  |  |

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| D.5.2 **APPLIED MOBILITY FLOWS- TRAVEL SUPPORT** |

Travel distances must be calculated using the distance calculator supported by the European Commission: <http://ec.europa.eu/programmes/erasmus-plus/resources/distance-calculator_en> by entering the location of the sending and receiving institutions. The unit cost is intended to cover the cost of return trips.

|  |  |  |
| --- | --- | --- |
| **Travel grant by distance** | **Number of staff** | **Total travel grant** |
| 10-99km=20 eur/participant |  |  |
| 100-499km=180 eur/participant |  |  |
| 500-1999km=275 eur/participant |  |  |
| 2000-2999=360 eur/participant |  |  |
| 3000-3999=530 eur/participant |  |  |
| 4000-7999km=820 eur/participant |  |  |
| 8000km or more=1500 eur/participant |  |  |
|  | **Total:** |  |

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| D.5.3 Application For Participants With Special Needs |

Please indicate the number of participants with special needs (if any) and expenses related to their mobilities.

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|  | **Number of participants** | **Number of accompanying persons** (if necessary) | **Requested support** | **Short description of why the support is needed** |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** |  |  |  |  |

*Add rows if necessary*

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| D.6 BUDGET /REQUESTED FUNDING (ALL SUMS IN EUR) |

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| --- | --- |
| **Project Total Amount:** | **Total support** |
| **Travel Support** |  |
| **Individual Support OUTGOING** |  |
| **Individual Support INCOMING** |  |
| **Special Needs Support** |  |
| **Mobility Management Support***(see annex 2)* |  |
| **Total:** |  |

1. **Checklist**

**Before sending your application to the Archimedes Foundation, please make sure that:**

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| [ ]  The application complies with the application procedures in the relevant Call for Proposals and Guide for Applicants.[ ]  The application fulfils all the eligibility criteria for this activity set out in the relevant Call for Proposals and in the Guide for Applicants.[ ]  The applicant institution is established in Estonia.[ ]  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. [ ]  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.[ ]  The application is submitted electronically via <http://archimedes.ee/dokumendi-saatmine/> |

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

Country-specific rates

for travel and individual support

**Travel support - unit costs** meant to cover a return travel

**Travel support for individual mobility** use EC distance calculator for the distance between sending and receiving institution:

<http://ec.europa.eu/programmes/erasmus-plus/resources/distance-calculator_en>

|  |  |
| --- | --- |
| **Distance from destination** | **Unit cost - EUR per participant** |
| 10–99 km | 20 EUR |
| 100–499 km | 180 EUR |
| 500–1 999 km | 275 EUR |
| 2 000–2 999 km | 360 EUR |
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**Individual Support:** (The use of standard scales of unit costs)

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|   | **Individual support:**  **academic and administrative staff of HEIs/ staff of enterprises** |
|   | **1 day** | **1 week** | **2 weeks** |  **3 weeks**  | **4 weeks**  |
| **From Estonia** | 250 eur | 1250 eur | 2200 eur | 3000 eur | 4000 eur |
| **To Estonia** | 150 eur | 750 eur | 1250 eur | 2000 eur | 3000 eur |

In case of irregular week the grant should be calculated based on the logic as follows:

* should the mobility last for 10 days:

1250+2200:14x3=1721,43 eur meaning 1721 eur

Annex II

maximum rate for organisation of mobility

These are maximum unit costs to apply to calculate grants to higher education institutions to ensure the quality of the mobility arrangements for staff, including staff of enterprises (organisation of mobility).

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| **Scale** |  |
| 1-100 participants | **350 € /mobility** |
| 101-… participant | **200 € /mobility** |