



EUROPE FOR CITIZENS

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- Test your connection to the Agency's online submission service. Click on the 'Test your connection' button in the footer of the eForm. This is not to submit your form but merely to test that your software settings and internet connection allow an application to be submitted. If having clicked on this button, you do not receive a confirmation that your connection was successful, please consult the 'Known Issues' section of the eForm homepage. Here you can find, amongst other things, advice on internet settings and Adobe (Reader or Acrobat) security settings, either of which can prevent a successful connection to the Agency's online submission service. Please note that, if after performing a successful test, you move your eForm to a different computer or upgrade your version of Adobe Reader, you will need to perform the test again. This is because the original test result will no longer be valid. For a fuller description of how the 'Test your connection' function works please consult the eForm User Guide.

- Check that you have the latest available version of the eForm. In the event of a significant eForm problem arising, the Agency may decide to make available an updated i.e. corrected version of the eForm. The latest version number of each eForm is displayed on the eForm homepage whilst specific details of any problem and its impact would be published on the funding opportunity webpage of the programme concerned.

These resources and other useful links can be found in a table located at the end of this eForm.

[Click to access table.](#)

Programme :	EUROPE FOR CITIZENS	
Sub-programme :	Strand2: Democratic engagement and civic participation	
Programme Guide / Call for Proposals :	Programme Guide 2018	
Action :	2.3: Civil Society Projects	
Sub-action :	N/A	
Deadline for submission :	01/03/2018	12:00 midday (Brussels time)
Project title * :	test	
Project acronym * :	test	
Language used to complete the form * :	English	

DRAFT



List of Partner Organisations

Partner no	PIC	Role	Organisation Name	City	Country
P1	911571663	Applicant Organisation	Test_BE	Ville Test	Belgium
P2	911571469	Associated partner	Test_FR	Ville Test	France
P3	911572051	Associated partner	Test_HUN	brsdfs	Hungary
P4	911571857	Associated partner	TEST-AT	TestCity	Austria



Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation

Partner number :	P1	PIC number :	911571663
Role in the application :	Applicant Organisation		
Full name of the organisation in Latin characters :	Test_BE		
Business name :	Test_BE		
Registration date :	1961-05-03		
Registration location :			
Registration country code :			

Registered address

Street name and number :	Rue Test 1	Post code :	1234
Town :	Ville Test	Cedex :	
		PO Box :	
Country :	Belgium	Region * :	Région de Bruxelles-Capitale/Brussels Hoofdstedelijk Gewest
Internet address:	www.test.test		
Telephone 1 :	+3299999999	Telephone 2 :	
		Fax :	



A.2 Person responsible for the management of the application (contact person)

Title * :

Family name * :

First name * :

Department / Faculty :

Role in the organisation * :

E-mail address * :

Check this box if the address is different from the address provided in section A.1

Address

Street name and number * :

Postcode :

Rue Test 1

1234

Town * :

Cedex :

PO Box :

Ville Test

Country * :

Region * :

Belgium

Région de Bruxelles-Capitale/Brussels Hoofdstedelijk Gewest

Telephone 1 * :

Telephone 2 :

Fax :

Check this box if the legal representative is different from the person responsible for the management



A.3 Person authorised to represent the organisation in legally binding agreements (legal representative)

Title * : _____ Family name * : _____ First name * : _____

Department / Faculty : _____

Role in the organisation * : _____ E-mail address * : _____

Check this box if the address is different from the address provided in section A.1

Address:

Street name and number * : _____ Post code : _____
Rue Test 1 _____ 1234

Town * : _____ Cedex : _____ PO Box : _____
Ville Test _____

Country * : _____ Region * : _____
Belgium _____ Région de Bruxelles-Capitale/Brussels Hoofdstedelijk Gewest

Telephone 1 * : _____ Telephone 2 : _____ Fax : _____



Part B. Organisation and activities

B.1 Structure

Status :

Public

Non Profit Organisation :

Yes

NGO :

No

Type of organisation * :

B.2 Aims and activities of the organisation*

Please provide a short presentation of your organisation (key activities, affiliations etc.) relating to the domain covered by the project. (Max. 1000 characters)

Please describe the role of the organisation in the project. (Max. 1000 characters)

B.3 Other EU grants

Please list the projects for which the organisation, or the department responsible for the management of this application, has received financial support from the EU Programme during the last three years.

Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*
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Add a project



Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation

Partner number :

P2

PIC number :

911571469

X

Role in the application :

Associated partner

Full name of the organisation in Latin characters :

Test_FR

Business name :

Test_FR

Registration date :

2016-07-05

Registration location :

Registration country code :

Registered address

Street name and number :

Rue Test 2

Post code :

34567

Town :

Ville Test

Cedex :

PO Box :

Country :

France

Region * :

Lorraine

Internet address:

www.test.xyz

Telephone 1 :

+330000000

Telephone 2 :

Fax :



A.2 Legal representative / contact person

Title * :

Family name * :

First name * :

Department / Faculty :

Role in the organisation * :

E-mail address * :

Check this box if the address is different from the address provided in section A.1

Address

Street name and number * :

Postcode :

Rue Test 2

34567

Town * :

Cedex :

PO Box :

Ville Test

Country * :

Region * :

France

Lorraine

Telephone 1 * :

Telephone 2 :

Fax :



Part B. Organisation and activities

B.1 Structure

Status :

Private

Non Profit Organisation :

Yes

NGO :

Yes

Type of organisation * :

B.2 Aims and activities of the organisation*

Please provide a short presentation of your organisation (key activities, affiliations etc.) relating to the domain covered by the project. (Max. 1000 characters)

Please describe the role of the organisation in the project. (Max. 1000 characters)

B.3 Other EU grants

Please list the projects for which the organisation, or the department responsible for the management of this application, has received financial support from the EU Programme during the last three years.

Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*
--------------------------	-------------------	---------------------------	-----------------------

Add a project



Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation

Partner number :	P3	PIC number :	911572051	X
Role in the application :	Associated partner			
Full name of the organisation in Latin characters :	Test_HUN			
Business name :				
Registration date :	2013-08-08			
Registration location :				
Registration country code :				

Registered address

Street name and number :	Post code :	
adfa	1150	
Town :	Cedex :	PO Box :
brsdfs		
Country :	Region * :	
Hungary	Budapest	
Internet address:		
Telephone 1 :	Telephone 2 :	Fax :
+32248548548		



A.2 Legal representative / contact person

Title * :

Family name * :

First name * :

Department / Faculty :

Role in the organisation * :

E-mail address * :

Check this box if the address is different from the address provided in section A.1

Address

Street name and number * :

Postcode :

adfa

1150

Town * :

Cedex :

PO Box :

brsdfs

Country * :

Region * :

Hungary

Budapest

Telephone 1 * :

Telephone 2 :

Fax :



Part B. Organisation and activities

B.1 Structure

Status :

Private

Non Profit Organisation :

Yes

NGO :

Yes

Type of organisation * :

B.2 Aims and activities of the organisation*

Please provide a short presentation of your organisation (key activities, affiliations etc.) relating to the domain covered by the project. (Max. 1000 characters)

Please describe the role of the organisation in the project. (Max. 1000 characters)

B.3 Other EU grants

Please list the projects for which the organisation, or the department responsible for the management of this application, has received financial support from the EU Programme during the last three years.

Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*
--------------------------	-------------------	---------------------------	-----------------------

Add a project



Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation

Partner number :	P4	PIC number :	911571857	X
Role in the application :	Associated partner			
Full name of the organisation in Latin characters :	TEST-AT			
Business name :	TEST-AT			
Registration date :	2008-05-01			
Registration location :				
Registration country code :				

Registered address

Street name and number :	Strasse 1		Post code :	1234
Town :	TestCity	Cedex :	PO Box :	
Country :	Austria	Region * :	Burgenland (AT)	
Internet address:	website.website.sxz			
Telephone 1 :	+123456789123	Telephone 2 :	Fax :	



A.2 Legal representative / contact person

Title * :

Family name * :

First name * :

Department / Faculty :

Role in the organisation * :

E-mail address * :

Check this box if the address is different from the address provided in section A.1

Address

Street name and number * :

Postcode :

Strasse 1

1234

Town * :

Cedex :

PO Box :

TestCity

Country * :

Region * :

Austria

Burgenland (AT)

Telephone 1 * :

Telephone 2 :

Fax :



Part B. Organisation and activities

B.1 Structure

Status :

Private

Non Profit Organisation :

Yes

NGO :

No

Type of organisation * :

B.2 Aims and activities of the organisation*

Please provide a short presentation of your organisation (key activities, affiliations etc.) relating to the domain covered by the project. (Max. 1000 characters)

Please describe the role of the organisation in the project. (Max. 1000 characters)

B.3 Other EU grants

Please list the projects for which the organisation, or the department responsible for the management of this application, has received financial support from the EU Programme during the last three years.

Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*
--------------------------	-------------------	---------------------------	-----------------------

Add a project



Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



Part C. Description of the project

C.1 Timetable of the project

Please indicate the total duration of the project from preparation to evaluation

Start date * : _____ End date * : _____

C.2 Venue(s) of the activities*

The activities should take place in any of the eligible countries to the Programme

C.3 Participants (Please complete for all the organisations involved both applicant and partners)

Partner number	Name of the organisation / municipality	Country	Participant by target group (number)					Total number of participants	
			Distribution by age group			Disadvantaged participants*	Women*		Men*
			< 30*	30 - 65*	> 65*				
P1	Test_BE	Belgium							0
P2	Test_FR	France							0
P3	Test_HUN	Hungary							0
P4	TEST-AT	Austria							0
Total									0

Number of indirect participants * :



C.4 Short description of the project: aims, main activities, countries involved, number of participants and expected outcomes in English, French or German. This text might be used for communication purposes.

(Max. 2000 characters). * :



C.5 Budget

A. Project activities

Total number of participants per event	Number of involved countries	Amount
Subtotal		

Add an event

B. Preparatory activities

Number of participants	Amount
	0 €
Subtotal	0 €
Total costs (A+B)	0 €



Part D. Technical Capacity

D.1 Experience of the project organisers in the field concerned.

(Max. 2000 characters) * :



Part E. Project implementation and Award criteria

E.1 Consistency with the objectives of the action and of the programme

Please tick relevant box(es)

General objectives of the Programme targeted by your project:

- To contribute to citizens' understanding of the Union, its history and diversity.
- To foster European citizenship and to improve conditions for civic and democratic participation at Union level.

Specific aims of the Programme targeted by your project:

- Raise awareness of remembrance, common history and values and the Union's aim that is to promote peace, its values and the well-being of its peoples by stimulating debate, reflection and development of networks
- Encourage democratic and civic participation of citizens at Union level, by developing citizens' understanding of the Union policy making-process and promoting opportunities for societal and intercultural engagement and volunteering at Union level.

The priorities of the Programme targeted by your project (please don't select it if your project is not concerned by one of those priorities):

- Debating the future of Europe and challenging Euroscepticism
- Solidarity in times of crisis
- Fostering intercultural dialogue and mutual understanding and combatting the stigmatisation of migrants and minority groups
- European Year of Cultural Heritage 2018

State how your project fits in with the programme's objectives (general and specific), features and multi-annual priority/ies you have selected (Max. 3500 characters) *

E.2 Activity plan / work programme of the project (Max. 3500 characters)



- The working methods applying within implementation of the project.
- The appropriateness of the activities foreseen in the work programme to reach the project's needs and objectives.
- European dimension of the project (theme of EU relevance, transnational and intercultural aspects, outcomes..)

Please describe: * :

E.3 Dissemination (Max. 3500 characters)

- The dissemination plan foreseen by the project in order to allow an effective transfer and exchange of the expected results.
- How the project will create a multiplier effect among a wider audience beyond those directly involved in the project activities.

Please describe: * :

E.4 Impact and Citizens involvement (Max. 3500 characters)

- What are the expected mid/long-term effects produced by the project.
- How the participants will be involved in the proposed activities.
- Percentage of participants not involved within NGOs/Institutional or social activities before their involvement in the project.
- How the project activities empower participants to get actively involved in shaping EU policies.

Please describe: * :



E.5 European Solidarity Corps

Do you plan to involve European Solidarity Corps participants in your activities?

Yes

No



Part F. Timetable of activities

Event Number : * : _____

Date		Type of Activity*	Venue of the activity*	Number of direct participants
Start*	End*			
Content *				
(in brief)				
Expected results*				

Add an activity

Validate form

Test your connection

Connection test has not been performed!



Attachments

The maximum size of all attachments together cannot exceed 10 MB.

Please use the latest version of the Declaration on honour related to the call for proposals you are applying for. Your call for proposals can be found under the "Funding" part of the Europe for Citizens website.

Declaration on honour (pdf, tiff, jpeg)*



Application's reference(s)

Has this or a similar application already been submitted under a previous call for proposals?

Yes

No

Submission number :

000000000



Useful links

Item	Link
Agency's eForm homepage :	http://eacea.ec.europa.eu/eforms/index_en.php
eForm technical user guide :	http://eacea.ec.europa.eu/eforms/index_en.php
Known technical issues :	http://eacea.ec.europa.eu/eforms/index_en.php#issues

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