

EUROPE FOR CITIZENS

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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 2017
Action :	2.1: Town Twinning
Sub-action :	N/A
Deadline for submission :	01/09/2017 12:00 midday (Brussels time)
Project title * :	
Project acronym * :	
Language used to complete the form $*$:	
	KAHT

Submission number: 0000000000

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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



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 :	g	911571663	
Role in the application:		Applicant Organ	nisation		
Full name of the organisation characters :	in Latin	Test_BE			
Business name:		Test_BE			
Registration date :		1961-05-03			
Registration location :					
Registration country code :					
Registered address					
Street name and number :					Post code:
Rue Test 1					1234
Town:				Cedex:	PO Box:
Ville Test					
Country:		Region *:			
Belgium		Région de Bru	uxelles-Capital	e/Brussels Hoofdst	edelijk Gewest
Internet address:		www.test.test			
Telephone 1 :		Telephone 2 :		Fax:	
+3299999999					



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 *: PO Box: Cedex: 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:



Submission number: 0000000000

Part B. Organisation a	nd activities			
B.1 Structure				
Status :	Public			
Non Profit Organisation :	Yes			
NGO:	No			
Type of organisation *:				
by the project. (Max. 1000 c	entation of your organ haracters)	isation (key activities, affiliations project. (Max. 1000 characters)	s etc.) relating to the domain covere	1
B.3 Other EU grants				
Please list the projects for whic has received financial support			he management of this application	
Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*	
Add a proj	ect			

Test your

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Validate form

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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 :	911571	469	X
Role in the application:		Associated partner			
Full name of the organisation characters :	in Latin	Test_FR			
Business name:		Test_FR			
Registration date:		2016-07-05			
Registration location :					
Registration country code :					
Registered address					
Street name and number :					Post code:
Rue Test 2					34567
Town:			Cede	x:	РО Вох:
Ville Test					
Country:		Region * :			
France		Lorraine			
Internet address:		www.test.xyz			
Telephone 1 :	To	elephone 2 :		Fax:	
+33000000					





A.2 Legal representati	ve / contact person			
Title *:	Family name *:		First name * :	
Department / Faculty :				
Role in the organisation *:		E-mail address *	:	
	e address is different from the ad	dress provided in se	ction A.1	
Address Street name and number *				Postcode :
Rue Test 2	•			34567
Town *:		C	edex:	PO Box:
Ville Test				
Country *:	Region * :			
France	Lorraine			
Telephone 1 *:	Telephone 2 :		Fax:	



Submission number: 0000000000

Part B. Organisation a	nd activities			
B.1 Structure				
Status :	Private			
Non Profit Organisation :	Yes			
NGO:	Yes			
Type of organisation *:				
B.2 Aims and activities of	the organisation*			
by the project. (Max. 1000 c	haracters)	project. (Max. 1000 characters)	s etc.) relating to the domain covere	d
B.3 Other EU grants				
Please list the projects for whic has received financial support			the management of this application	,
Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*	
Add a proj	ect			

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connection

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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

	ate * :				Depar	ture date * :			
2 Ven	ue(s) of the ac	tivities*							
Town * :	_				Count	ry *:			
		Town re	epresente	ed by the	applicar	nt *:			
~ 3 Par	ticipants (Plea	se complete	for all t	he oraa	nisatia	ons involved l	ooth annl	icant and	l nartners)
roject n	nust involve a mi he eligible partne	nimum of 25 in							-
	Name of the			Pa	ırticipar	t by target grou	p (number)		Total
Partner	organisation /	Country	Distr	ibution b group	y age	Disadvantaged			number of
number	municipality		< 30*	30 - 65*	> 65*	participants*	Women*	Men*	participants
P1	Test_BE	Belgium							0
	Test_FR	France							0
P2									0
	Total								
	Total								
P2	Total ort description	of the projec	t, includ	ding its (aims iı	n English, in F	rench or i	n Germa	n



C.5 Budget

Only the number of INVITED participants is relevant for the calculation of the grant. INVITED PARTICIPANTS are international participants sent by the eligible partner/s

Total number of international participants	AMOUNT - €	



Part D. Technical Capacity

D.1 E	experience of the project organisers in the field concerned.
(Max	x. 2000 characters) * :
N/A	



Part E. Project implementation and Award criteria

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

Р

lease tick	relevant box(es)			
Gene	eral objectives of the Progr	amme targeted by your project:		
	To contribute to citizens' understo	anding of the Union, its history and divers	ity.	
	To foster European citizenship an	nd to improve conditions for civic and dem	ocratic participation at Ui	nion level.
Spec	ific aims of the Programme	e 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.			
_	oriorities of the Programmo concerned by one of those p	e targeted by your project (pleas priorities):	se don't select it if yo	ur project is
	Understanding and Debating Eur	roscepticism		
	Solidarity in times of crisis			
	Combatting stigmatisation of "immutual understanding	nmigrants" and building counter narrative	es to foster intercultural did	alogue and
	Debate on the Future of Europe			
tate how y 500 chara		ctives (general and specific), themes a	nd features you have sel	ected (Max.
.2 Activi	ty plan / work programme (of the project (Max. 3500 charac	cters)	
	g methods applying within implen			
ubmission n	umber:	Page 15 of 20	Validate form	Test your



- The appropriateness of the activit - The European dimension of the pi	ties foreseen in the work programme to reach roject.	the project's needs and objectives	5.
Please describe: *:			
E.3 Dissemination (Max. 35	500 characters)		
- The dissemination plan foreseen b	by the project in order to allow an effective tro	ansfer and exchange of the expect	ed results.
- How the project will create a mult	tiplier effect among a wider audience beyond	those directly involved in the proj	ect activities.
Please describe: *:			
E.4 Impact and Citizens inv	volvement (Max. 3500 characters)		
- What are the expected mi/long-te	erm effects produced by the project.		
- How the participants will be invol	ved in the proposed activities.		
- Percentage of participants not inv	volved within NGOs/Institutional or social act	ivities before their involvement in	the project.
Please describe: *:			
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Part F. Timetable of activities

Event Number : * :				
Da Start*	ate End*	Type of Activity*	Venue of the activity*	Number of people indirectly reached
Start	Liid	Of Activity	or the activity	mullectly reactieu
		Content *		
(in brief)				
Expected results*				

Add an activity



Attachments

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

Declaration on honour (pdf, tiff, jpeg)*



Application'	s reference	e(s)
Has this or a similar a	application alread	ly been submitted under a previous call for proposals?
○ Yes	○ No	
Submission nu	mber:	00000000



Useful links

ltem	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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