



A. Grant Application	on Form – EEA grants 2014-2021
Programme	CZ - Education
Call	Preparatory Visits – Call 1
Programme Outcome	Bilateral ambitions
Type of projects	Preparatory Visits
Application number	EHP-CZ-PRV-1-XXX
Project Title	
Project Title in Czech	
Project start date	
Project duration in days	
Project End Date	
Sector Codes	

B. Participating organisations							
B.1.1 Applicant Orga	nisation						
Full legal name							
ECHE (if applicant is HEI)							
Registration Number (IČ)							
Department							
Address							
City							
Post Code							
Country							
Region							
Data Box ID							
VAT number							
Webpage							
Type of Organisation							
If other please specify							
Is your organization a							





public body?	
Is your organization a non-profit?	

# B.1.2 Background and Experience Please briefly present your organisation. Please indicate projects you have realized within the last 3 years with support of EU programmes or EEA/Norway Grants. Please specify project periods in years (e.g. 2015-2016), programme and project title. Year from Year to Programme Project title B.1.3 Legal Representatives

B.1.4 Contact persons									
Title	Gender	First Name	Family Name	Position	Department	Email	Telephone	Participant	

B.2.1 Partner Organis	sation
Full legal name	
ECHE (if applicant is HEI)	
Registration Number (IČ)	
Department	
Address	
City	
Post Code	
Country	
Region	
VAT number	
Webpage	
Type of Organisation	
If other please specify	
Is your organization a	





Norway	<b>y</b> gra	ints										spolupráce
public	boo	ły?										
organi	Is your organization a non-profit?											
			•									
			d and Exper									
Please	bri	efly pre	esent a parti	ner organisatio	n.							
B.2.3	Lega	al Repre	esentatives									
Title		Gender	First Name	Family Name	Position	)	Department		Email		Tele	phone
			•									
		tact pe										Т
Title	Ge	nder	First Name	Family Name	Position	De	epartment	Er	nail	Telepho	ne	Participant
B.2.5	Part	icipant	S				<u> </u>				ı	
Title		Gender	First Name	Family Name	Position		Department	_	Email		Tele	phone
C. Des	scri	ption o	of the proje	ect								
			brief descri s you alread	ption of your a ly have.	ims relat	ed t	to this prep	ara	tory visit	and of a	ny fu	ture
C.2 Please provide a programme of the visit (day by day).												
				of participant(s ce most releva				y v	sit. Please	e give th	e de	tails on



# D. Activities

D.1 Activity		
Activity No.	Type of activity	
Sending Organisation	Country of Sending Organisation	
Receiving Organisation	Country of Destination	
No. of Participants		
Duration per Participant Excluding Travel (days)	Travel Days	

D.1.1 Travel									
Sending Organization	Country of Sending Organization	Distance Band in Km	No. of Participants	Grant per Participant in EUR	Grant Calculated in EUR				

D.1.2 Subsistence									
Sending Organization	Country of Sending Organization	Country of Destination	No. of Participants	Grant per Participant in EUR	Grant Calculated in EUR				

D.1.3 Special needs support (additional costs related to participants with special needs)								
Sending Organization	Country of Sending	Country of	No. of	Description	Justification	Grant Calculated in		
	Organization	Destination	Participants			EUR		



# E. Project Financing

Sending Organisation	Country of the Sending Organisation	Travel	Subsistence	Special needs support	Total (in EUR)
Total					

E.2 Project Rates	
Total Calculated Grant in EURO	
Total Requested Grant in CZK	
EEA Grant in CZK	
Programme Co-Financing in CZK	





F. Bank Account						
Account		Business ID	Business ID			
holder						
Account holder address						
City		ZIP				
District		Street				
House	Orientation		Registration			
number	house numbe	er	house number			
Country	·					
Contact person						
Name		Surname				
Phone		Fax				
E-mail						
Bank account number for grant payment						
Account		Account				
prefix		number				
Bank		Bank code				
IBAN						
Currency						
Bank of the bank branch						
City		ZIP				
District		Street				
House	Orientation		Registration			
number	house number	er	house number			
Country						

# G. Declaration of Honour

### **Declaration of Honour**

I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge. I put forward a request of an EEA Financial Mechanism grant as set out in this application form.

# I declare that:

- All information contained in this application and annexes, is correct to the best of my knowledge.
- Costs for the same activity will not be covered by two different funding sources, with the
  exception of the case where complementarity can clearly be proven.
- 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

• Either (a) at least 50% of its annual revenues over the last two years have been received from public sources;

Or (b) it is controlled by public bodies or their representative I am authorised by my organisation to sign grant agreements on its behalf.

### **Certify that the organisation I represent:**

The organisation I represent:

- 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;
- has not been convicted of an offence concerning its professional conduct by a judgment which has the force of 'res judicata';
- has not been guilty of grave professional misconduct proven by any means which the Programme Operator can justify;
- 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;
- 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;

# I 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:
- 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);
- guilty of misrepresentation in supplying the information required by the Programme Operator 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 Programme Operator 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 commit my organisation and the other partner organisations herein, to take part upon request in dissemination and exploitation activities conducted by Programme Operator or other institutions involved in the EEA Financial Mechanism where the participation of individual participants may also be required.

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.





Name and surname	Date	Signature