

Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Cooperation projects

Before you begin completing this eForm:

- 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 :	CREATIVE EUROPE
Sub-programme :	CULTURE
Programme Guide / Call for Proposals :	CE Culture Cooperation Projects 2016
Action:	Cooperation projects
Sub-action :	Category 1 - Smaller scale cooperation projects
Deadline for submission :	07/10/2015 12:00 midday (Brussels time)
Project title * :	
Project acronym *:	
Language used to complete the form *:	

Submission number: 0000000000

Page 1 of 31

Validate form

Test your connection



trytry

Form version: 3.2.0.1 EN Adobe Reader version: 10.104

List of partner organisations

Your list of	Your list of partner organisations is not valid. It should respect the rule(s) below:								
Not valid	The minimum number of participating organisations required is: 3								
Valid	ALBANIA, AL HERZEGOVI FINLAND, FO GREECE, HL LATVIA, LEB (REPUBLIC O PORTUGAL,	GERIA, ARMENIA, AU NA, BULGARIA, CROA DRMER YUGOSLAV RI JNGARY, ICELAND, IR ANON, LIBYA, LIECHT DF), MONTENEGRO, N ROMANIA, SERBIA, S	TO ONE OF THE FOLLOWING COUNTRIES STRIA, AZERBAIJAN, BELARU TIA, CYPRUS, CZECH REPUBEPUBLIC OF MACEDONIA, FRELAND, ISRAEL, ITALY, JOREFONSTEIN, LITHUANIA, LUXEN MOROCCO, NETHERLANDS, NEOVAKIA, SLOVENIA, SPAIN,	US, BELGIUM, BOSN BLIC, DENMARK, EG RANCE, GEORGIA, G DAN, KOSOVO * UN I MBOURG, MALTA, M NORWAY, PALESTIN SWEDEN, SWITZER	YPT, ESTONIA, ERMANY, RESOLUTION, OLDOVA IE, POLAND,				
Partner no	PIC	Role	Organisation Name	City	Country				
P1	933354274	Applicant Organisation	TEST ORG FROM PROD DEPLOYMENT 2	CEDEX	Belgium				

test record ignore

Belgium

P2

953116375

Partner Organisation



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

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 :	933354274		
Role in the application :		Applicant Organisation	on		
Full name of the organisation in Latin characters :		TEST ORG FROM PROD DEPLOYMENT 2			
Business name:					
Registration date:		1900-01-01			
Registration location:		not applicable			
Registration country :					
Registered address					
Street name and number :				Postcode:	
Street Name 456					
Town:			Cedex:	PO Box:	
CEDEX					
Country:		Region * :			
Belgium		Extra-Regio NUTS 2			
Internet address:					
Telephone 1 :	7	Telephone 2 :	Fax:		
+32456178985					



itle * :	Family name *:	First name *	:		
Department / Faculty :					
ole in the organisation * :	E-1	mail address * :	 ≥SS * :		
Check this box if the dress eet name and number *:	e address is different from the address	provided in section A.1	Postcode :		
reet Name 456					
		Cedex:	PO Box:		
own*:		Cedex :	PO Box :		
treet Name 456 own *: EDEX ountry *:	Region * :	Cedex:	PO Box:		
own * : EDEX	Region * : Extra-Regio NUTS		PO Box :		
own * : EDEX ountry * :	-		PO Box :		



A.3 Person authorised (legal representative)	to represent the organisa	tion in legally binding o	agreements			
Title * :	Family name *:	*:				
Department / Faculty :						
Role in the organisation *:	ole in the organisation * : E-mail address * :					
Check this box if th	e address is different from the ad	dress provided in section A.1				
Address:						
Street name and number *	:		Postcode:			
Street Name 456						
Town *:		Cedex:	PO Box:			
CEDEX						
Country *:	Region * :					
Belgium	Extra-Regio	NUTS 2				
Telephone 1 *:	Telephone 2 :	Fax:				



Dout D. Overenie etien e				
Part B. Organisation a	na activities			
B.1 Structure				
Status:	Private			
Non Profit Organisation :	No			
NGO:	No			
Type of organisation $*$:				
B.2 Aims and activities of	the organisation*			
by the project. (Max. 1000 c	haracters)	nisation (key activities, affilia		e domain covered
B.3 Other EU grants Please list the projects for which has received financial support Programme or initiative*				f this application,
	TOISICITICS HUITIDGI	Denonciary Organisation	This of the Froject	
Add a proj	ect			
Submission number: 0000000000	Pag	ne 6 of 31	Validate form	Test your connection



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

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	



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

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 :	953116375	X
Role in the application :		Partner Organisation		
Full name of the organisation in Latin characters: Business name:		test record ignore		
Registration date:		2013-12-01		
Registration location:		234		
Registration country :				
Registered address				
Street name and number:				Postcode:
rytry5ry				rtytry
Town:			Cedex:	PO Box:
trytry				
Country:		Region *:		
Belgium		Extra-Regio NUTS 2		
Internet address:				
Telephone 1 :	T	elephone 2 :	Fax:	
+345435435				



Title * :	Family name *:	First name	*:
Department / Faculty :			
Role in the organisation *:	E-mai	l address * :	
Check this how if t	he address is different from the address pro	vided in section A 1	
Check this box if t	he address is different from the address pro	vided in section A.1	
Address		vided in section A.1	
Address Street name and number		vided in section A.1	Postcode :
Address		vided in section A.1	Postcode : rtytry
Address Street name and number		vided in section A.1 Cedex:	
Address Street name and number * rytry5ry Town *:			rtytry
Address Street name and number * rytry5ry Town *: trytry			rtytry
Address Street name and number * rytry5ry	÷:		rtytry



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Part B. Organisation a	nd activities			
B.1 Structure				
Status :	Private			
Non Profit Organisation :	No			
NGO:	No			
Type of organisation *:				
B.2 Aims and activities of	the organisation*			
Please provide a short press by the project. (Max. 1000 c	-	nisation (key activities, affiliat	ions etc.) relating to the	e domain covered
	<u> </u>			
	ha a san an ta atta o ta dh			
Please describe the role of t	ne organisation in the	e project. (Max. 1000 characte	ers)	
B.3 Other EU grants				
Please list the projects for whic has received financial support				this application,
Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Project*	
Add a proj	ect			
Coloniaia		40 (24		
Submission number: 000000000	Pag	e 10 of 31	Validate form	Test your

connection



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

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	



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Part C. Description of the project

C.1 Ca	lendar of the project						
Please I	indicate the project sta	art and proje	ect end date	25			
Start da	nte * :		End date * :			Du	ration (months) : 0
Project	duration minimum is 0 mo	onth(s) and m	naximum is 4	8 months			
C.2.1 C	Organisation - Inform	ation					
		Number of st by the org	aff employed ganisation		taff recruited anisation in this project		
Partner no	Organisation Name	Permanent	Temporary	Permanent	Temporary	Country code	Region
P1//	TEST ORG FROM PROD DEPLOYMENT 2					BE	Extra-Regio NUTS 2
P2	test record ignore					ВЕ	Extra-Regio NUTS 2
C.2.2 C	Organisation - depend	dencies				1	
Are the	re dependencies betwe	een the proj	ect leader a	ınd the part	ners involv	ed in this	proposal?
\bigcirc Y	es O No						
C.3 Rel	levance to the Progra	ımme prioi	rities				
Please	choose the priorities w es. If you choose more	hich are mo	ost relevant			•	
\Box T	ransnational mobility						
\Box A	udience development						
	apacity building - Digitisat	ion					
	apacity building - New bus	iness models					

Submission number: 0000000000

Page 12 of 31

Validate form

Test your connection



	Capacity building - Training and education			
	Priori	ty(ies)		Ranking
	ields (please choose at least one sub-fic ct will be considered as interdisciplinal			
Perfo	rming arts			
	Theatre		Dance	
	Music		Opera	
	Circus art		Street art	
	Puppetry			
Cultui	ral heritage			
	Tangible culture - historical sites and buildings		Tangible culture - Museums	
	Tangible culture - Libraries and archives		Intangible culture	
Visua	larts			
	Painting, drawing		Graphic arts	
	Photography		Sculpture	
	Digital arts		Film, Video	
Desig	n and applied arts			
	Decorative arts		Graphic design	
	Fashion design		Craftwork	
Litera	nture books and reading			
	Creative writing		Translation	
	Publishing			
Archit	tecture			
	Architecture			



Other field
☐ Other
Please explain in which ways the proposal relates to the field(s) selected? (Max. 2000 characters):



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

C.5 Please specify which are the different countries participating in the Culture sub-programme that will host and/or benefit from the activities





C.6 Summary of the project (Max. 2000 characters). Please note that this information may be used for dissemination purposes
Please indicate the language of the summary *:



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

C.7 Summary of the project's budget (please make sure these figures correspond to the detailed budget form)

I. EXPENSES	
ELIGIBLE COSTS *:	
1. Costs directly linked to the implementation of project activities	
Communication, promotion and dissemination costs and costs of exploitation of results	
3. Travel and subsistence costs	
4. Staff costs	
5. Indirect costs	
Total expenses	0,00€
II. INCOME	
ELIGIBLE INCOME *:	
1. EU grant requested	
2. Income generated by the project	
3. Self-financing by the lead partner and partners	
4. Contributions from private and public sources	
Total income	0,00€

Distribution of grant by organisation

Partner no	PIC	Organisation Name	EU grant amount
P1	933354274	TEST ORG FROM PROD DEPLOY	
P2	953116375	test record ignore	



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

C.8 Did you contact a "Creative Europe Desk" before submitting this application?

○Yes ○No



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Part D. Overview of the partners' operational and financial capacity

Partner number :	P1			
Pole in the application: Applicant Organisation				
Organisation name: TEST ORG FROM PROD DEPLOYMENT 2				
Please describe how your int (Max. 500 characters):	ernational and/or Europed	an experience is releva	ant to the implementation of the proposed project.	
Please indicate your self-fin	ancing contribution in El	JRO*:		
Partner number :	P2			
Role in the application:	Partner Organisation			
Organisation name :	test record ignore			
Please describe how your int (Max. 500 characters) :	ernational and/or Europec	an experience is releva	ant to the implementation of the proposed project.	
Please indicate your self-fin	ancing contribution in El	JRO*:		
If other organisations contrib	ute to the project without (being a full partner, pl	lease detail their role	
Organisa Organisation	name and country	Rol	e and tasks in the project	



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Add an organisation

Validate form Test your connection



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Part E. Award criteria

Please answer the following questions. Note that the quality of the application will be evaluated on the basis of the answers provided.

E.1 Relevance
How relevant is the project's strategy to implement one or more of the priorities considered as instrumental to the achievement of the objectives of the Sub-programme? (Max. 1000 characters):
The objectives of the sub-programme. (Max. 1888 characters).
How convincing, clearly defined and innovative are the strategies proposed to achieve the above priority(ies) that the project seeks to implement? (Max. 1000 characters):
To what extent is the project aiming at producing results which will go beyond the sole interest of the partners and direct participants and have potential long-term impacts? (Max. 1000 characters):
To what extent is the project complementary to cultural actions implemented at national, regional or local level? (Max. 1000 characters):
E.2 Quality of the content and activities
How concrete and well defined are the activities to be implemented in the framework of the project? (Max. 1000 characters):
The second state and are the deditions to be implemented in the namework of the project (max. 1000 characters).

Submission number: 0000000000

Page 21 of 31

Validate form

Test your connection



How clearly related are the objectives and activities of the project to the identified needs of the target groups? (Max. 1000 characters):
Are there concrete and well defined outputs (deliverables) and how appropriate are they towards the overall objectives of the project? (Max. 1000 characters):
Is a qualitative and quantitative assessment of the results foreseen and how clear and appropriate is it? (Max. 1000
characters):
How relevant is the experience of the team taking part in the project, for example, in terms of organisational skills, experience and track record in the cultural and creative sectors, communication and language skills? (Max. 1000 characters) Attention: To this purpose, the CVs of the persons responsible for the submitted project within the applicant organisation and each partner institution will be assessed.
How appropriate is the allocation of the hydrot and hyperon recovered to the activities undertaken in the framework of the
How appropriate is the allocation of the budget and human resources to the activities undertaken in the framework of the project? (Max. 1000 characters):





How clear and realistic is the time-table for implementing the project activities? (Max. 1000 characters):
E.3 Communication and dissemination
How clear and appropriate is the strategy to communicate on the activities of the partners' network, including the objectives, target groups, tools, channels, media, impact and timeline? (Max. 1000 characters):
How will EU support be made visible throughout the duration of the project and beyond and contribute to a positive image of the EU? (Max. 1000 characters):
How and to whom will the experience and knowledge acquired through the project be disseminated at local, regional, national and/or European level, including beyond the duration of the project? (Max. 1000 characters):
E.4 Quality of the partnership
How is the partnership defined and to what extent does it ensure a strong involvement of all partners and a clear division of
tasks between them? Please describe the method of management applied to the project (cooperation scheme with co-organisers e.g. contacts,
meetings, etc.) (Max. 1000 characters) :



How will the partnership be made to last beyond the duration of the project? (Max. 1000 characters):

To what extent does the partnership go beyond the organisations' direct geographical neighbours and draw partners from a diverse geographical range of participating countries? (Max. 1000 characters):

Only for projects involving partnership with organisation(s) established outside the EU or EFTA countries: To what extent does the partnership with operators from outside the EU reflect the concept of the role of culture in the EU's external relations, as spelt out in the European Agenda for Culture? (Max. 1000 characters):





Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Part F. Work programme

Please fill in the following table in accordance with the detailed description of the project. If you have more than 50 activities, encode the first 50 here and detail the rest in a table in the detailed description of the project using the same table structure as here.

Start	date:	End date:			
	Activity (brief description) *	From *	To *	Country and Location *	Name of the responsible partner involved *
1					
		Add an activity			



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Part G. Statistics

G.1. What types of activities will be implemented?

Project management (activities necessary to the management and to the implementation of the project)

Project management activities	Number of activities
	Add an activity

Project implementation:

1. Cultural activities

Cultural activities	Number of activities
	Add an activity

2. Support activities

Support activities	Number of activities
	Add an activity

3. Expected results

How many of the above activities will result in	Number of experiences





000000000

Acceptance

Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Validate form

connection

		Add an activity	
result in studies, evo	aluation and policy a	nalysis?	
directly benefit fro	om the activities?		
of individuals		Foreseen number of individuals	
		Add a type	
vill directly benefit	t from the activities?	,	
organisations		Foreseen number of organisations	
		Add a type	
of the project?			
een audience		Foreseen number of persons	
		Add an audience	
			,
r more of these iss	ues? Audience development		
	None of these issues		
Page 27 of 31		Malidata form	Testy
	directly benefit from the second of individuals organisations organisations organisations organisations	directly benefit from the activities? of individuals vill directly benefit from the activities? organisations e of the project? een audience r more of these issues? Audience development None of these issues	Add a type vill directly benefit from the activities? organisations



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

G.6 Will the project tackle an equal opportunity theme?

○ Yes

○No





Form version: 3.2.0.1 EN Adobe Reader version: 10.104

Attachments

Detailed description of the project (.doc, .docx, .odt or pdf)*
Declarations on honour and mandates (.pdf)*
Budget form (.xls, .xlsx or .ods)*
Partnership information (.doc, .docx or .odt)*



Submission number:	00000000



Form version: 3.2.0.1 EN Adobe Reader version: 10.104

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

Go back to first page