

Scholarship and Training Fund  
MOBILITY PROJECTS IN HIGHER EDUCATION  
Number of the document: **FSS/2015/MOB/W/xxxx**

|   |  |
|---|--|
| Legal name of the applying institution                                      |  |
| Legal representative  |  |
| Erasmus University Charter for Higher Education (ECHE) No.                  |  |
| Legal status of the applying institution                                    | <input type="checkbox"/> Private <input type="checkbox"/> Public |
| Duration of the project   |  |
| Does the applying institution request additional funding for special needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Has the applying institution received public aid?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Requested grant amount  |  |

#### GENERAL INFORMATION

This application form is designed for Polish HEIs holding valid Erasmus Charter for Higher Education.

Time limit for submitting applications is from 2 February to 2 April 2015. In formal assessment, postal date stamp will be used to determine the date of submitting the application.

Prior to completing the application form, please read the information provided in *the Guide for Applicants* and in the current *Call for Proposals* published on [www.fss.org.pl](http://www.fss.org.pl)

The application form and other submitted documents will not be returned to the sender.

Each application must be accompanied by enclosures and sent in one package (envelope) to the address of the Programme Operator as below. Documents submitted separately will not be evaluated.

Foundation for the Development of the Education System  
Scholarship and Training Fund  
ul. Mokotowska 43  
00-551 Warsaw

Please, add the following note: **FSS/MOB/2015**

## I. Description of the applying institution

|   |   |                                     |
|---|---|-------------------------------------|
| Full official name in the national language                                       |   |                                     |
| Full official name in English   |   |                                     |
| Is the applying institution Erasmus Charter for Higher Institution (ECHE) holder? | Erasmus Charter for Higher Education (ECHE) No. |                                     |
| Legal status of the applying institution  | <input type="checkbox"/> Public                 | <input type="checkbox"/> Private    |
| Market orientation  | <input type="checkbox"/> Non-profit             | <input type="checkbox"/> For profit |
| Type of the institution   | EDU.4 - Higher education institution            |                                     |

Official address of the applying institution

|                 |                                |             |
|-----------------|--------------------------------|-------------|
| Street          | Number of the street/ premises | Postal code |
| City            | Country                        | Region      |
| Website address | Telephone                      | Fax         |

### I.1 Legal representative of the applying institution

Information provided below must be consistent with the relevant registration document. The application must be signed by a legal representative of the applying institution.

|  |                                |             |                  |
|--|--------------------------------|-------------|------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.                            | Name                           | Surname     | Scientific title |
| Function   | Telephone                      | Fax         | E-mail           |
| <input type="checkbox"/> Address the same as the address of the applying institution |                                |             |                  |
| Street   | Number of the street/ premises | Postal code |                  |
| Country  | City                           | Region      |                  |

### I.2 Contact Person – STF Project Coordinator

All information and queries concerning this application will be sent to the e-mail and fax of this person. Please make sure that the e-mail box is active and the correspondence is checked on regular basis.

|   |           |         |                  |
|---|-----------|---------|------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | Name      | Surname | Scientific title |
| Function  | Telephone | Fax     | E-mail           |

## II. List of partner institutions

The application should be accompanied by original partner interinstitutional agreements concluded under STF (agreement template available on [www.fss.org.pl](http://www.fss.org.pl)) with each partner institution listed below.

|   |             |   |        |
|---|-------------|---|--------|
| Full official name in English   |             |   |        |
| Number of the street  |             | Number of the premises                          |        |
| City  | Postal code | Country   | Region |
| Legal representative (name and surname)   |             |   |        |
| Category of the institution   |             | Sector  |        |
| Website address   |             | E-mail  |        |
| Telephone   |             | Fax   |        |
| Contact person (name and surname)   |             |   |        |
| Department  | E-mail      | Telephone                                       |        |
| Is the applying institution Erasmus Charter for Higher Institution (ECHE) holder? |             | Erasmus Charter for Higher Education (ECHE) No. |        |
| Wider effects of cooperation  |             |   |        |

Please, describe in English language additional expectations related to cooperation with this partner institution (exchange of good practices, exchange of organizational and technical solutions, scientific cooperation, implementation of other projects, scope and impact of future cooperation, min. 800 characters).

### III. Summary

Summary of the project. Please reply considering the following issues: Why is the project needed? What benefits are expected? What long and short term goals and results are expected? What is the role of partner institutions?

### IV. Cross – cutting Issues

Please, tick (one or more) cross - cutting issue(s), which in the highest scope relate(s) to project implementation and forecasted project results.

- |   |
|---|
| <input type="checkbox"/> Good governance<br><input type="checkbox"/> Gender equality<br><input type="checkbox"/> Sustainable development - economic sustainability<br><input type="checkbox"/> Sustainable development - social sustainability<br><input type="checkbox"/> Sustainable development - environmental considerations |
|---|

#### Good governance

Please, describe in what scope this issue pertains to your project

#### Gender equality

Please, describe in what scope this issue pertains to your project

#### Sustainable development - economic sustainability

Please, describe in what scope this issue pertains to your project

#### Sustainable development - social sustainability

Please, describe in what scope this issue pertains to your project

#### Sustainable development - environmental considerations

Please, describe in what scope this issue pertains to your project

### V. Implementation Dates

|                    |                  |
|--------------------|------------------|
| Project start date | Project end date |
|--------------------|------------------|

### VI. Budget

### 1. Student Mobility – outgoing Polish students

When determining the duration of a stay, you should take into consideration possible participation in an intensive language course. The extended length of the stay due to the participation in the language course should not be longer than 4 weeks. Rates applied in the calculator are consistent with the grant amounts stipulated in the *Guide for Applicants*.

| Name of the partner institution (country) | Does the participant hold disability certificate? | Number of weeks of the stay | Subsistence costs [EUR] | Travel costs [EUR] | Organisation of Mobility [EUR] | Total [EUR] |
|---|---|-----------------------------|-------------------------|--------------------|--------------------------------|-------------|
|   |   |                             |                         |                    |                                |             |
| In total                                  |   |                             |                         |                    |                                |             |

### 2. Student Mobility – incoming students

When determining the length of a stay, you should take into consideration possible participation in an intensive language course. The extended length of the stay due to the participation in the language course should not be longer than 4 weeks. Rates applied in the calculator are consistent with the grant amounts stipulated in the *Guide for Applicants*.

| Name of the partner institution (country) | Does the participant hold disability certificate? | Number of weeks of the stay | Subsistence costs [EUR] | Travel costs [EUR] | Organisation of Mobility [EUR] | Total [EUR] |
|---|---|-----------------------------|-------------------------|--------------------|--------------------------------|-------------|
|   |   |                             |                         |                    |                                |             |
| In total                                  |   |                             |                         |                    |                                |             |

### 3. Staff Mobility – outgoing Polish staff

Mobility of Polish staff going to partner institutions in Donor - States. Rates applied in the calculator are consistent with the grant amounts stipulated in the *Guide for Applicants*.

| Name of the partner institution (country) | Does the participant hold disability certificate? | Number of days of the stay | Subsistence costs [EUR] | Travel costs [EUR] | Organisation of Mobility [EUR] | Total [EUR] |
|---|---|----------------------------|-------------------------|--------------------|--------------------------------|-------------|
|   |   |                            |                         |                    |                                |             |
| In total                                  |   |                            |                         |                    |                                |             |

#### 4. Staff Mobility - incoming staff

Mobility of staff from partner institutions from Donor - States to the applying institution. Rates applied in the calculator are consistent with the grant amounts stipulated in the *Guide for Applicants*.

| Name of the partner institution (country) | Does the participant hold disability certificate? | Number of days of the stay | Subsistence costs [EUR] | Travel costs [EUR] | Organisation of Mobility [EUR] | Total [EUR] |
|---|---|----------------------------|-------------------------|--------------------|--------------------------------|-------------|
|   |   |                            |                         |                    |                                |             |
| In total                                  |   |                            |                         |                    |                                |             |

#### 5. Summary of budget demand for participants without disability certificates

| Budget category          | Exchanges with Norway |               | Exchanges with Iceland |               | Exchanges with Liechtenstein |               | Total [EUR] |
|--------------------------|-----------------------|---------------|------------------------|---------------|------------------------------|---------------|-------------|
|                          | Number                | Budget amount | Number                 | Budget amount | Number                       | Budget amount |             |
| Outgoing Polish students |                       |               |                        |               |                              |               |             |
| Incoming students        |                       |               |                        |               |                              |               |             |
| Outgoing Polish staff    |                       |               |                        |               |                              |               |             |
| Incoming staff           |                       |               |                        |               |                              |               |             |
| In total                 |                       | [EUR]         |                        | [EUR]         |                              | [EUR]         |             |

#### 6. Summary of budget demand for participants holding disability certificates

| Budget category          | Exchanges with Norway |               | Exchanges with Iceland |               | Exchanges with Liechtenstein |               | In total [EUR] |
|--------------------------|-----------------------|---------------|------------------------|---------------|------------------------------|---------------|----------------|
|                          | Number                | Budget amount | Number                 | Budget amount | Number                       | Budget amount |                |
| Outgoing Polish students |                       |               |                        |               |                              |               |                |
| Incoming students        |                       |               |                        |               |                              |               |                |
| Outgoing Polish staff    |                       |               |                        |               |                              |               |                |
| Incoming staff           |                       |               |                        |               |                              |               |                |
| In total                 |                       | [EUR]         |                        | [EUR]         |                              | [EUR]         |                |

## VII. Summary of financial demand and verification of the structure of the budget

The exchanges planned to be conducted with Norway should constitute minimum **38,84%** of the total budget amount. Structure of the planned budget should meet the additional condition of allocation of about **80%** of the funds for mobility of students. The table below presents a summary of financial demand entered in the application and verifies the structure of the budget taking into account the above conditions.

| Participants   | Exchanges with Norway |               | Exchanges with Iceland |               | Exchanges with Liechtenstein |               | In total<br>[EUR] |
|--|-----------------------|---------------|------------------------|---------------|------------------------------|---------------|-------------------|
|  | Number                | Budget amount | Number                 | Budget amount | Number                       | Budget amount |                   |
| Outgoing Polish students   |                       |               |                        |               |                              |               |                   |
| Incoming students  |                       |               |                        |               |                              |               |                   |
| Outgoing Polish staff  |                       |               |                        |               |                              |               |                   |
| Incoming staff   |                       |               |                        |               |                              |               |                   |
| In total   |                       |               |                        |               |                              |               |                   |
| Percentage of the amount for the exchanges to be conducted with Norway in the total budget |                       |               |                        |               |                              |               |                   |
| Percentage of the amount for the exchanges of students in the total budget                 |                       |               |                        |               |                              |               |                   |

|                               |       |
|-------------------------------|-------|
| Total requested budget amount | [EUR] |
|-------------------------------|-------|

### VIII. Public aid statement

|  |  |
|--|--|
| Applying institution details   |  |
| 1.   | Full legal name of applying institution in national language   |
| 2.   | Taxpayer's Identification Number   |
| 3.   | Number in the Official Register of Entities of the National Economy  |
| 4.   | Legal status of the applying institution <input type="checkbox"/> public <input type="checkbox"/> private                                      |
| Economic activity  |  |
| 5.   | Does the applying institution conduct economic activity? <input type="checkbox"/> YES <input type="checkbox"/> NO                              |
| If yes, in what scope? Please, enter type of business activity as stated in the registration document of the applying institution, including the European/Polish Classification of Activities Code – EKD/PKD |  |
| 6. For what purpose does the applying institution earmark income from economic activity? Please indicate all categories of expenditure made from the business funds of the applying institution)             |  |
| 7.   | Is the project related in any way with business activity of the applying institution? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, in what scope?   |  |
| If YES, what categories of costs funded under the project will be related to its business activity (cost type and amount)?   |  |

#### Declaration

**I hereby declare that the following institution** .....  
(full name of the applying institution)

1. Over the current reporting period and two preceding reporting periods was granted public aid<sup>1</sup> amounting to: ....., as in enclosed certificate(s), as stipulated in art. 5 clause 3 of the act of 30 April 2004 on the proceedings in matters related to state aid (OJ No. 123, item 1291).

2. Over the current reporting period and two preceding reporting periods was not awarded public aid.

#### **IX. DECLARATION**

The declaration must be signed by a legal representative of the applying institution and/or person(s) authorised to conclude agreements on behalf of the applying institution, for whom relevant powers of attorney are enclosed.

#### **I, the undersigned,**

apply to the Foundation for the Development of the Education System for a grant from the Scholarship and Training Fund to co-finance the costs as stipulated in the above application.

<sup>1</sup> In accordance with Article 2 of Commission Regulation (EC) No 1998/2006 of 15 December 2006 on the application of Articles 87 and 88 of the Treaty to de minimis aid (O.J. L 379/5 of 28.12.2006), *de minimis* aid means aid granted to any one undertaking within one reporting period and two preceding reporting periods, which together with the aid provided under the Application will not exceed an equivalent of EUR 200.000. The value of the aid is a gross value, i.e. before any deduction of tax or other charges. The ceiling is applied regardless of the form and purpose of the aid. Provision of *de minimis* aid must be confirmed by the issuance of a certificate on the provision of such aid. In the declaration, the Beneficiary is obliged to present each aid provided within the period stipulated in the declaration, for which it obtained a certificate confirming the award of *de minimis* aid.

**I hereby declare that:**

- all information contained in the application is correct to the best of my knowledge;
- the institution I represent has legal capacity to participate in the *Call for Proposals*;
- I am authorised to conclude agreements on behalf of the applying institution;
- the institution I represent does not apply for co-financing from other sources of activities described in the application;
- during the implementation of the project described in the application, the provisions of Erasmus Charter for Higher Education (ECHE) will be observed.

**I confirm that:**

- the institution I represent has relevant legal, sufficient and stable financial and operational capacity (staff with adequate competencies and professional qualifications) to carry out the proposed project;
- the institution I represent has not entered into an arrangement with creditors, has not declared bankruptcy, has not been deprived of legal personality, has not suspended its business operations, is not the subject of court proceedings concerning those matters, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- persons acting on behalf of the institution have not been the subject of a judgment which has the force of *res judicata* for an offence related to their professional activity, for the breach of professional ethics, or for grave professional misconduct;
- the applying institution (persons forming its governing bodies) have not been the subject of a judgment which has the force of *res judicata* for fraud, corruption or any other illegal activity resulting in any loss or risk;
- the applying institution has not been purposefully or due to negligence in the breach of any contract or project financed or co-financed from public funds;
- the list of partner HEIs will be verified after the European Commission announces a current list of HEIs holding valid Erasmus Charters for Higher Education (ECHE);
- the exchanges will be conducted only with institutions with which partner interinstitutional agreements on cooperation have been signed.

**I hereby accept that** the institution I represent will not be awarded co-financing if during the award procedure, it will be in any of the situations described above or below:

- conflict of interests (for reasons involving family, emotional life, political or national affinity, economic interest or any other shared interest with the organisation or persons who indirectly or directly are involved in the co-financing award procedure);
- the institution has provided untrue information as required by the Foundation for the Development of the Education System to enter the grant award procedure or has not provided such required information;
- grant will not be awarded to the applying institution operating in the non-public sector, which applies for co-financing exceeding EUR 25.000, if the Institution has not been approved following the examination of financial reliability staged by Foundation for the Development of the Education System;
- exchanges conducted with the use of funds provided by STF may be staged only with institutions seated in Iceland, Norway and Liechtenstein;
- if the application is approved, the Foundation for the Development of the Education System which acts as the Programme Operator, will be authorised to publish information concerning the name and address of the institution, the subject of the grant, the amount and percentage of co-financing.



I hereby accept and acknowledge that administrative and financial penalties may be imposed for on the institution I represent, if it is found guilty of providing untrue information or it is in the breach of its contractual obligations resulting from the agreement or grant award procedure.

#### PERSONAL DATA PROTECTION

The application from will be processed electronically. All personal data (such as names, addresses, CVs, etc.) shall be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Information provided by the applying institution, which is indispensable for the evaluation of the grant application, will be processed solely for this purpose and by the team responsible for the administration of the programme. The applying institution may, on written request, gain access to their personal data and correct any information that is inaccurate or incomplete. Any questions regarding the processing of personal data should be addressed to the Foundation for the Development of the Education System. The applying institution may lodge complaints against the processing of their personal data with the European Data Protection Supervisor ([http://www.edps.europa.eu/00\\_home.htm](http://www.edps.europa.eu/00_home.htm)).

*I hereby give my consent for the use and processing of my personal information for the needs of the Scholarship and Training Fund in accordance with Personal Data Protection Act of 29.08.1997. (OJ of 2002, No. 101, item 926, art. 23, clause 1, point 1). I am aware of my rights resulting from art. 24 of the Act.*

|   |  |
|---|--|
| For applying institution  |  |
| Full name of the legal representative of the applying institution           | Position of the legal representative of the applying institution |
| Signature and stamp of the legal representative of the applying institution | Official stamp of the applying institution                       |
| Place and date  |  |

#### Checklist

Prior to submitting the application form, please make sure that the following conditions are met:

1. The application has been completed and submitted online (it has received a reference number and does not feature a watermark "SPECIMEN").
2. The right form has been used.
3. The application is submitted in two original copies.
4. The application has been signed by a legal representative of the applying institution or by the person for whom valid authorisation has been enclosed.
5. The application has been stamped with official stamps.
6. The obligatory appendices listed in the *Guide for Applicants* have been enclosed.