

SCHOLARSHIP AND TRAINING FUND  
Mobility Projects in Higher Education  
Number of the document:

Legal name of the Applying Institution	
Legal representative (1)	
Legal representative (2)	
Erasmus University Charter (EUC) No.	
Legal status of the Applying Institution	<input type="checkbox"/> Private <input type="checkbox"/> Public
Project start date	
Project end date	
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 University Charter.

Time limit for submitting applications is from 1 March to 30 April 2013. In formal and eligibility check, 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/2013

## 1. Description of the Applying Institution

Full official name in the national language		
Full official name in English		
Erasmus University Charter (EUC) No.		
website		
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	Select from the drop-down list: EDU.1 - Nursery school EDU.2 - Primary school EDU.3 - Secondary school (including Vocational / technical) EDU.4 - Higher education institution EDU.5 - Adult or continuing education provider ASS.1 - Non-profit association (regional / national) ASS.2 - Non-profit association (European / international) ASS.3 - Association of Universities RES Research institute PUB.1 – Public authority (local) PUB.2 – Public authority (regional) PUB.3 – Public authority (national) IND – Private company (manufacturing) SER – Private company (services) OTH – Other type of organisation	
Official address	Street	
	Number of the street/ number of the premises	
	Postal code	
	City	
Country	PL – Poland [default setting]	

Region	Select from the drop-down list: PL11-Lodzkie PL12-Mazowieckie PL21-Malopolskie PL22-Slaskie PL31-Lubelskie PL32-Podkarpackie PL33-Swietokrzyskie PL34-Podlaskie PL41-Wielkopolskie PL42-Zachodniopomorskie PL43-Lubuskie PL51-Dolnoslaskie PL52-Opolskie PL61-Kujawsko-Pomorskie PL62-Warminsko-Mazurskie PL63-Pomorskie
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### 1.1. Legal Representative of the Applying Institution

Information provided below must be consistent with this featured in the entry in National Court Register or other relevant registration document. The application must be signed by a Legal Representative of the Applying Institution, in the case of HEIs, this would be mainly a Rector.

<input type="checkbox"/> Mr <input type="checkbox"/> Ms	
Name	
Surname	
Scientific title	
Function	
Telephone number (with area code)	
Fax number (with area code)	
e-mail	
Address for correspondence:	<input type="checkbox"/> The same as the Applying Institution's <input type="checkbox"/> Other
<i>[After selecting the „Other” box, the following table appears]</i>	
Street	
Number of the street/ number of the premises	
Postal code	
City	
Country	
<i>“Add a person” option</i>	

### 1.2. 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 e-mail box is active and the correspondence is checked on regular basis.

<input type="checkbox"/> Mr <input type="checkbox"/> Ms
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Name	
Surname	
Scientific Title	
Function	
e-mail	
Telephone number (with area code)	
Fax number (with area code)	

## 2. List of Partner Institutions

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

### Partner Institution 1

Full official name in English	
website	
Erasmus University Charter (EUC) No. (if applicable)	
Type of the institution	Select from the drop-down list: EDU.1 – Nursery school EDU.2 – Primary school EDU.3 – Secondary school (including Vocational / technical) EDU.4 – Higher education institution EDU.5 – Adult or continuing education provider ASS.1 – Non-profit association (regional / national) ASS.2 – Non-profit association (European / international) ASS.3 – Association of Universities RES – Research institute PUB.1 – Public authority (local) PUB.2 – Public authority (regional) PUB.3 – Public authority (national) IND – Private company (manufacturing) SER – Private company (services) OTH – Other type of organisation
Country	Select from the drop-down list: NO-Norway IS-Iceland LI-Liechtenstein

Region (if NO)	NO01-Oslo og Akershus NO02-Hedmark og Oppland NO03-Sør-Østlandet NO04-Agder og Rogaland NO05-Vestlandet NO06-Trøndelag NO07-Nord-Norge
Region (if IS)	IS00-Ísland
Region (if LI)	LI00-Liechtenstein
"Add a partner institution"	

### 3. Summary

**Project summary in English featuring information on goals, planned activities and results**

**In total, how many exchanges with institutions from Donor - States were completed over the past academic year (2011/2012)? Please count both incoming and outgoing mobility flows.**

	Norway	Iceland	Liechtenstein	total
students				[number]
staff				[number]
total	[number]	[number]	[number]	[number]

### 4. 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.

Issue	Reference to cross – cutting issue
Good governance	<input type="checkbox"/>
Gender equality	<input type="checkbox"/>
Economic sustainability	<input type="checkbox"/>
Social sustainability	<input type="checkbox"/>
Environmental considerations	<input type="checkbox"/>
Please describe in what scope the selected issue pertains to your project	

### 5. Implementation Dates

Project start date*	dd/mm/yyyy	Project end date*	dd/mm/yyyy
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\*The start and end dates should be eligible dates as stipulated in *the Call for Proposals*.

### 6. Budget and costs related to special needs of participants with disability certificates

All amounts should be quoted in Euro.

### 6.1. 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*.

Organisation name (country)	Certified degree of disability	Number of weeks of the stay (4 weeks is an equivalent of 1 month)	Subsistence costs [EUR]	Travel costs [EUR]	OM amount	Total amount
	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> major		0,00 EUR	500,00EUR	0,00 EUR	0,00 EUR
Amount divided by category			0,00 EUR	0,00 EUR	0,00 EUR	0,00 EUR

## 6.2. Student Mobility – incoming students from Donor – States

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*.

Organisation name (country)	Certified degree of disability	Number of weeks of the stay (4 weeks <u>is an</u> <u>equivalent of 1 month</u> )	Subsistence costs [EUR]	Travel costs [EUR]	OM amount	Total amount
	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> major		0,00 EUR	500,00EUR	0,00 EUR	0,00 EUR
Amount divided by category			0,00 EUR	0,00 EUR	0,00 EUR	0,00 EUR

### 6.3. Staff Mobility – Polish staff going to Donor – States

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*.

Organisation name (country)	Certified degree of disability	Number of days of the stay	Subsistence costs [EUR]	Travel costs [EUR]	OM amount	Total amount
	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> major		0,00 EUR	500,00EUR	0,00 EUR	0,00 EUR
Amount divided by category			0,00 EUR	0,00 EUR	0,00 EUR	0,00 EUR

### 6.4. Staff Mobility - Incoming staff from Donor – States

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*.

Organisation name (country)	Certified degree of disability	Number of days of the stay	Subsistence costs [EUR]	Travel costs [EUR]	OM amount	Total amount
	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> major		0,00 EUR	500,00EUR	0,00 EUR	0,00 EUR
Amount divided by category			0,00 EUR	0,00 EUR	0,00 EUR	0,00 EUR



### 6.5 Summary of budget demand for participants without special needs

Participants	Exchanges with Norway		Exchanges with Iceland		Exchanges with Liechtenstein	
	Number of exchanges	Budget amount	Number of exchanges	Budget amount	Number of exchanges	Budget amount
Student Mobility – outgoing Polish students		0,00 EUR		0,00 EUR		0,00 EUR
Student Mobility – incoming students from Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Staff Mobility – Polish staff going to Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Staff Mobility - Incoming staff from Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Total amount divided by category		0,00 EUR		0,00 EUR		0,00 EUR

### 7.5 Summary of demand for funds for participants with special needs

**Note:** The Completion report must be accompanied by a disability certificate covering the period of stay abroad, for which special costs have been awarded and a certificate of stay at the host institution stipulating the name of the student. The two documents should be certified as true copies of original documents by HEI's plenipotentiary for people with special needs and by STF project coordinator. Rates applied in the calculator are consistent with the rates for participants with special needs stipulated in the *Guide for Applicants*.

Category of participants with special needs	Exchanges with Norway		Exchanges with Iceland		Exchanges with Liechtenstein	
	Number of exchanges	Amount	Number of exchanges	Amount	Number of exchanges	Amount
Student Mobility – outgoing Polish students		0,00 EUR		0,00 EUR		0,00 EUR
Student Mobility – incoming students from Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Staff Mobility – Polish staff going to Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Staff Mobility - incoming staff from Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
<b>Total amount</b>		<b>0,00 EUR</b>		<b>0,00 EUR</b>		<b>0,00 EUR</b>

## 8. Summary of demand and verification of the structure of the budget

The exchanges planned to be conducted with Norway should constitute at least 40%. The table below presents a summary of all the exchanges entered in the application form and verifies the structure of the budget entered in the application form concerning all the planned exchanges.

Participants	Exchanges with Norway		Exchanges with Iceland		Exchanges with Liechtenstein	
	Number of exchanges	Amount	Number of exchanges	Amount	Number of exchanges	Amount
Student Mobility – outgoing Polish students		0,00 EUR		0,00 EUR		0,00 EUR
Student Mobility – incoming students from Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Staff Mobility – Polish staff going to Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
Staff Mobility - incoming staff from Donor – States		0,00 EUR		0,00 EUR		0,00 EUR
<b>Total amount</b>		<b>0,00 EUR</b>		<b>0,00 EUR</b>		<b>0,00 EUR</b>
Norway's percentage share stipulated in the request:						
Correct budget structure: requested percentage share for exchanges with Norway is correct. Incorrect budget structure: less than 40% of total budget amount was planned for exchanges with Norway.						

## 9. Total requested budget amount

Total requested budget amount (EUR)	
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## 10. Public aid statement

Applying Institution details		
1.	Full, legal name of Applying Institution in national language	
2.	Taxpayer's Identification Number (NIP):	
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<sup>1</sup>

I hereby declare that the following institution .....  
(full name of the Applying Institution)

1.<sup>2</sup> Over the current reporting period and two preceding reporting periods was granted public aid<sup>3</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).

<sup>1</sup> Fill in taking into account all the certificates on public aid received within the current reporting period and two preceding reporting periods.

<sup>2</sup> Delete as appropriate.

<sup>3</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

2.<sup>4</sup> Over the current reporting period and two preceding reporting periods was not awarded public aid.

#### **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.

#### **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 University Charter (EUC) 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;

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present each aid provided within the period stipulated in the declaration, for which it obtained a certificate confirming the award of *de minimis* aid.

<sup>4</sup> Delete as appropriate.

- the list of partner HEIs will be verified after the European Commission announces a current list of HEIs holding valid Erasmus University Charters (EUC)
- the exchanges will be conducted only with institutions with whom agreements on partner cooperation have been signed, as enclosed to the application.

**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 FRSE 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 FRSE;
- 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/organisation 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	

## 11. 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 feature a watermark (“SPECIMEN”)).
2. The right form has been used for the requested measure.
3. The application is submitted in two original copies.
4. The application has been signed by a legal representative of the Applying Institution.
5. The application has been stamped with official stamps.

Obligatory appendices have been enclosed to the application form

1. If the application has been signed by a HEI’s legal representative other than the Rector, an excerpt from the University’s Statute providing information on legal representation of the Applying Institution (copy certified by a legal councillor, lawyer, notary, legal representative of the Applying Institution or a person authorised by the legal representative authorised to certify the consistency of documents with their originals<sup>5</sup>);
2. If the application has been signed by a person other than the HEI’s legal representative, valid authorisation provided to such person by HEI’s legal representative, whose function and powers have been confirmed in an enclosed document as stipulated in point 1 above;
3. Original copies of agreements on partner cooperation under STF concerning all partner institutions stipulated in point 2 of the application form;
4. Correct and complete enclosures to the public aid declaration (if applicable);
5. An Applying Institution operating in the non-public sector, which applies for co-financing exceeding EUR 25.000, should enclose obligatory a balance sheet and profit and loss account for the past two full financial years and other financial documents constituting the part of the report according to the Accounting Act. Submitted copies should be certified as true copies by a legal councillor, lawyer, notary, legal representative of the Applying Institution or a person authorised by a legal representative authorised to certify the consistency of documents with their originals<sup>6</sup>.

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<sup>5</sup> In such case, original copy of the power of attorney should be enclosed.

<sup>6</sup> In such case, original copy of the power of attorney should be enclosed.