**Project partner** (Sub-grant Contracting Authority):

**EDAMA**

**Supporting Circular Economy Opportunities for Employment and Social Inclusion**

**SIRCLES** ( B\_A.3.1\_0157)

Financed by the ENI CBC Med 2014 2020 Programme

**Sub-grant Application Form**

**for SIRCLES Sub-grant**

Deadline for submission of application: **October 23rd, 2022 at 6.00 pm Jordan timeD**

| **Applicant’s contact details for the purpose of this action** | |
| --- | --- |
| Contact person for this action: | <Name and family name> |
| Contact person’s email: |  |
| Country: |  |
| Postal address: |  |
| Telephone number: |  |

| **Summary of the sub-grant** | |
| --- | --- |
| Enterprise name (official or foreseen): |  |
| Location (official or foreseen) of the enterprise— specify country, region, municipality |  |
| Requested EU contribution (amount) | <*amount in LOCAL CURRENCY*> |
| Requested EU contribution as a percentage of total eligible costs (indicative) | % |
| Total indicative budget | <*amount in LOCAL CURRENCY*> |
| Implementation duration (maximum 6 months) |  |
| Target area |  |
| Target groups[[1]](#footnote-0) |  |
| Final beneficiaries[[2]](#footnote-1) |  |

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# PRELIMINARY INFORMATION

|  | |
| --- | --- |
| **1.1 ENTERPRISE NAME**  *(official or foreseen)* |  |
| **1.2 NEW OR EXISTING BUSINESS** | *Cross appropriate response:*   | A | NEW BUSINESS IDEA *[move to Section 1]* |  | | --- | --- | --- | | B | EXISTING ENTERPRISE (informal activity/not legally registered) |  | | C | EXISTING ENTERPRISE (legally registered) |  | |
| ***IDENTIFICATION OF APPLICANTS***  ***(ONLY FOR EXISTING ENTERPRISES - either legally registered or informal activity)*** | |
| **1.3 BUSINESS GROWTH STAGE** | *Cross appropriate response:*   | A | IDEATION |  | | --- | --- | --- | | B | START-UP |  | | C | GROWTH |  | | D | MATURITY |  | |
| **1.4 LEGAL FORM** | *If applicable* |
| **1.5 BUSINESS START YEAR AND MONTH** |  |
| **1.6 OFFICIAL FULL ADDRESS OF REGISTRATION/**  **LOCATION** | *[full address]* |
| **1.7 TARGET AREA** | *[municipality(ies), region(s*)] |
| **1.8 WEBSITE OF THE ORGANISATION** | *[link, if available ]* |
| **1.9 CURRENT NUMBER OF WORKERS** | *Please fill the two tables below considering your current overall workforce, including both long-term and short-term workers.*   | A | N° (NUMBER) OF TOTAL WORKERS |  | | --- | --- | --- | | B | N° OF WOMEN-WORKERS |  | | D | N° OF MEN-WORKERS |  |   *Please complete the table below and fill each cell according to the categories[[3]](#footnote-2) of the workforce asked (rows) and their gender/age range (columns).*   |  | **MEN aged 18/24** | **WOMEN**  **Aged 18/24** | **MEN aged 25/40** | **WOMEN aged 25/40** | **MEN Over 40** | **WOMEN**  **Over 40** | **TOTAL** | | --- | --- | --- | --- | --- | --- | --- | --- | | ***N° of overall people employed long term*** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs (People with Disabilities) |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g PwDs + refugee) |  |  |  |  |  |  |  |  |  | **MEN aged 18/24** | **WOMEN**  **Aged 18/24** | **MEN aged 25/40** | **WOMEN aged 25/40** | **MEN Over 40** | **WOMEN**  **Over 40** | **TOTAL** | | --- | --- | --- | --- | --- | --- | --- | --- | | **N° of overall people employed short term (seasonal, internship)** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  | |
| **1.10 FINANCIAL SUMMARY** | *[Please refer to your last income statement, if available]*   |  | | AMOUNT | Currency | | --- | --- | --- | --- | | A | ANNUAL REVENUES: |  |  | | B | ANNUAL EXPENSES: |  |  | | C | EBITDA (Earnings before Interests, Taxes, Depreciation and Amortisation): |  |  | | D | NET PROFIT: |  |  | |
| **1.11 CURRENT DESTINATION OF PROFITS** | If your enterprise has generated profits (total income is higher than total costs), how are these profits used?  *Please specify % profits allocated to each category (total sum must be 100%)*   | A | Personal/ Founders’ profits | \_\_\_\_\_% | | --- | --- | --- | | B | Distributed among other shareholders | \_\_\_\_\_% | | C | New investments to improve business | \_\_\_\_\_% | | D | Benefits for workers | \_\_\_\_\_% | | E | Other (please specify): \_\_\_\_\_ | \_\_\_\_\_% | | **Total** | | 100% | |
| **1.12 SOURCES OF FINANCING** | Which are your main sources of financing?  *Please cross appropriate responses. Multiple answers are possible*   | A | Business income |  | | --- | --- | --- | | B | Bank loans |  | | C | Grants from projects |  | | D | Personal savings |  | | E | Family savings |  | | F | Donations/Fundraising |  | | G | Crowdfunding |  | | H | Microcredit |  | | I | Social investment |  | | J | Private investment (different from personal savings) |  | | K | Other - Please, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | L | Do not know |  | |

# ENTERPRISE GENERAL OVERVIEW

|  | |
| --- | --- |
| **2.1 BUSINESS SUMMARY** | ***[150 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guidance:*  *Please provide an* ***effective*** *and* ***brief*** *summary of your business idea (service/product offered, business model, social/environmental value)* |
| **2.2 ENTERPRISE VISION** | ***[50 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* |
| **2.3 ENTERPRISE MISSION STATEMENT** | ***[50 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* |
| **2.4 ENTERPRISE LEGAL STATUS** | *[current if existing enterprise, or foreseen if new business idea]* |
| **2.5 LOCATION OF BUSINESS ACTIVITY** | *[city of current or foreseen business registered office]* |
| **2.6 TEAM** | *Guidance:*  *Please indicate current or foreseen team members and their roles within the enterprise. For each member highlight key skills, know-how and experiences regarding green practices, biowaste management, and/or social inclusion strategies foreseen in the business idea*   | *Name of Team member* | *Key role within the enterprise* | | --- | --- | |  | ***[50 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* | |  | ***[50 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* | |  | ***[50 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* |   *[add as many rows as necessary]* |

BUSINESS MODEL AND VALUE PROPOSITION

|  | |
| --- | --- |
| **3.1 TACKLED PROBLEMS/NEEDS** | ***[300 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *What* ***environmental challenges*** *is your business idea addressing?*  *What* ***social challenges*** *is your business idea addressing?*  *What* ***customer needs*** *is your business idea addressing?*  *What are the* ***personal motivations*** *of your business idea/activity?* |
| **3.2 BUSINESS VALUE PROPOSITION** | | *A* | ***Environmental value*** | | --- | --- | | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *Which environmental challenges is your business solving and how?*  *Provide a summary of the environmental value created by your project and describe how your product/service* *performs/will perform in environmental terms.* | | | *B* | ***Social value*** | | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *Which social challenges is your business solving and how?*  *Provide a summary of the social value created by your project and describe how your product/service* *performs/will perform in socially inclusive terms.* | | | *C* | ***Economic added value*** | | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *What market opportunities do the customer segments offer?*  *Does it bring new added value compared to the competitors in the market?* | | | *D* | ***Innovation Value*** | | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guidance:*  *Describe the novelty of the idea. Explain why your solution and value proposition are innovative and unique.* | | |
| **3.3 BUSINESS OFFERED PRODUCT/**  **SERVICES** | ***[500 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guidance:*  *Describe in detail the product/service your enterprise offers/intends to offer.* |
| **3.4 BUSINESS MODEL** | ***[500 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guidance:*  *Describe your* ***business model****.*  *How will you deliver/produce your offered service/goods? Which are the key resources and activities of your business? Who are you delivering your goods/services to?*  *Most importantly, explain in detail your stream(s) of revenue: i.e., how will you generate income from each of your customer segments? What are you charging you customers for? How are you collecting revenues (i.e., asset sale, usage fee, subscription fees, etc.)?* |
| **3.5 JOB CREATION** | *Guidance:*  *Please indicate in the* ***two*** *tables below your* ***realistic forecast*** *in terms of overall* ***new jobs*** *your enterprise intends to create in year 1, 2 and 3, assuming in year 1 to receive SIRCLES sub-grant support.*  *For existing enterprises: indicate* ***only new jobs*** *foreseen.*   |  | | **YEAR 1** | **YEAR 2** | **YEAR 3** | | --- | --- | --- | --- | --- | | A | TOTAL |  |  |  | | B | WOMEN |  |  |  | | C | MEN |  |  |  |   *Guidance:*  *Please complete the table below and fill each cell according to the categories of the workforce asked (rows) and their gender/age range (columns).*   | **YEAR 1** | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **MEN Aged 18/24** | **WOMEN**  **Aged 18/24** | **MEN Aged 25/40** | **WOMEN Aged 25/40** | **MEN** **Over 40** | **WOMEN**  **Over 40** | **TOTAL** | | ***N° of overall people employed LONG TERM*** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs (People with Disabilities) |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  | | **N° of overall people employed SHORT TERM (seasonal, internship)** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  |  | **YEAR 2** | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **MEN Aged 18/24** | **WOMEN**  **Aged 18/24** | **MEN Aged 25/40** | **WOMEN Aged 25/40** | **MEN** **Over 40** | **WOMEN**  **Over 40** | **TOTAL** | | ***N° of overall people employed LONG TERM*** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs (People with Disabilities) |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  | | **N° of overall people employed SHORT TERM (seasonal, internship)** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  |  | **YEAR 3** | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **MEN Aged 18/24** | **WOMEN**  **Aged 18/24** | **MEN Aged 25/40** | **WOMEN Aged 25/40** | **MEN** **Over 40** | **WOMEN**  **Over 40** | **TOTAL** | | ***N° of overall people employed LONG TERM*** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs (People with Disabilities) |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  | | **N° of overall people employed SHORT TERM (seasonal, internship)** |  |  |  |  |  |  |  | | *Of which --* |  | | | | | | | | N° of PwDs |  |  |  |  |  |  |  | | N° of refugees/asylum seekers |  |  |  |  |  |  |  | | N° of people from disadvantaged communities/background |  |  |  |  |  |  |  | | N° of people with multiple disadvantages (e.g Pwd + refugee) |  |  |  |  |  |  |  | |

# TARGET MARKET

| **4.1 BUSINESS STAKEHOLDERS** | |
| --- | --- |
| **4.1.1 CUSTOMER SEGMENTS** | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *Who are your customers?*  *Are they homogeneous or can they be grouped depending on their characteristics (customer segments)?*  *How would you describe your potential customers (users) in terms of demographics, lifestyle, and values?* |
| **4.1.2 SUPPLIERS** | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *Who are/will be your suppliers?*  *Which are/will be your supply channels?*  *Which relationship have you established/intend to establish with your suppliers?* |
| **4.1.3 BUSINESS STAKEHOLDERS & PARTNERS** | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guidance:*  *List your most important business stakeholders (apart from employees and suppliers) and explain why do they (will) influence or are (will be) influenced by your business. Also explain how they are/will be engaged (i.e., which of these stakeholders are/could potentially be your business partners?) and what opportunities for business development they could open.*  *Example of stakeholder categories are the following:*   * *Local community* * *Public/governmental sector (ministries, municipalities, etc.)* * *Shareholders/investors* * *Financial Institutions* * *Private investors* * *Enterprise Support Organisations (incubators, etc.)* * *Non-profit Organisations and NGOs* * *For profit businesses* * *Social Business* |
| **4.2 MARKET** | |
| **4.2.1 MARKET COMPETITION** | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *Who are your existing or potential competitors (enterprises offering similar products/services or satisfying similar consumer needs)?* |
| **4.2.2 MARKET RISKS** | ***[200 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *Which potential/existing risks does your target market entail? Which solutions/mitigation strategies are you adopting/intend to adopt?* |
| **4.2.3 MARKETING STRATEGIES** | ***[300 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]*  *Guiding questions:*  *How do /will you reach your customers?*  *Which communication channels do/will you use to promote your product/service? (offline and/or digital communication)*  *Which channels do/will you use to sell & distribute your product/service? (i.e., sales point, e-commerce, delivery).*  *Which kind of relationship do/will you establish with your customers?*  *Which strategies do/will you use to obtain your customers’ loyalty?*  *Which price strategies do/will you use?* |

# FINANCIAL FORECAST

|  |
| --- |
| *Guidance:*  *Please indicate below your expected estimated Revenues and Expenditures in Year 1, 2 and 3 (assuming in year 1 to receive SIRCLES financial support) as well as estimated total funding needed to implement the proposed Business idea.*   |  | | YEAR 1 | YEAR 2 | YEAR 3 | CURRENCY | | --- | --- | --- | --- | --- | --- | | A | TOTAL EXPECTED REVENUES |  |  |  | *Specify local currency* | | B | TOTAL EXPECTED EXPENDITURES |  |  |  | *Specify local currency* | | C | EXPECTED PROFITS |  |  |  | *Specify local currency* | | D | TOTAL FUNDING NEEDED |  |  |  | *Specify local currency* |   *Please describe below how you estimated the amounts inserted in the table above.*  *For example:*   * *Estimated price of 1 pack of organic compost in Year 1= 10,00* * *Estimated revenue from selling 300 packs of organic compost in year 1= 3000,00* * *Estimated cost of fuel in year 1 to collect biowaste= 4.000,00* * *…*   *The Evaluation Committee will positively assess a detailed and accurate description and justification of your estimation of revenues and expenditures.*   | ***[****Font: Arial 10pt/ Linespacing: 1]* | | --- |   ***Optional****:*  *In addition to the description required, attaching an optional document (Excel file or Word file) providing a more structured, detailed, and effective explanation of your expected revenues, expenditures, profits, and total funding needed for your business can be assessed with a higher score by the Evaluation Committee.* |

# FINANCING

|  | |
| --- | --- |
| **6.1 FINANCIAL CAPACITY (CURRENT)** | Do you currently have stable and sufficient sources of finance to implement your business idea and to participate in its funding?  *Cross appropriate response.*   | A | YES |  | | --- | --- | --- | | B | NO |  | | C | PARTIALLY |  | |
| **6.2 SOURCES OF FINANCING** | If “No” or “partially”, which sources of financing, apart from SIRCLES sub-grant support, are you seeking to secure to implement your proposed business idea?  *Cross appropriate response.*   |  | | 1.Obtained/  currently available | 2.Currently being sought | 3.Planned | 4.Potential | | --- | --- | --- | --- | --- | --- | | A | Bank loans |  |  |  |  | | B | Grants from projects |  |  |  |  | | C | Personal savings |  |  |  |  | | D | Family savings |  |  |  |  | | E | Donations/Fundraising |  |  |  |  | | F | Crowdfunding |  |  |  |  | | G | Microcredit |  |  |  |  | | H | Social investment |  |  |  |  | | I | Private investment (different from personal savings) |  |  |  |  | | J | Other - Please, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | K | Do not know |  |  |  |  |   Why did you choose the indicated categories of financing sources (instead of others)?   | ***[150 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* | | --- | |
| **6.3 FINANCIAL CAPACITY (EXPECTED)** | Please indicate, in percentage, the extent to which your secured or sought sources of finance, including SIRCLES sub-grant support, are expected to cover your total funding needed to implement your business idea in **Year 1**.  *Cross appropriate response.*   | A | More than 75% |  | | --- | --- | --- | | B | 75%-50% |  | | C | 50%-25% |  | | D | Less than 25% |  | |
| **6.4 SIRCLES FINANCING** | Please indicate your motivation for applying to SIRCLES sub-grant, the grant amount requested (specify local currency), how would you use the funding (i.e., human resources, services & investments in equipment & infrastructure) and why it is relevant for your project   | ***[100 words maximum/*** *Font: Arial 10pt/ Linespacing: 1]* | | --- | |

# EXPECTED OUTPUTS AND OUTCOMES OF THE SUB-GRANT

*Briefly outline the outputs and outcome you expect to achieve should you be awarded the SIRCLES sub-grant, within 6 months of implementation period. Include a list of foreseen outputs and outcomes with indicators and expected target values as the example below.*

*Example:*

| *Output/outcome* | *Indicator* | *Target value*  *(at the end of sub-grant implementation period)* |
| --- | --- | --- |
| *Outcome 1: Creation of green jobs* | *Number of full-time people employed in bio-waste management sector* | *5* |
| *Outcome 2: Creation of employment opportunities for women and NEETs* | *Number of full-time women/NEETs employed in bio-waste management sector* | *3* |
| *Output 1.1: Valorisation of biowaste* | *Tons of biowaste collected*  *Tons of organic compost produced* | *800 tons* |

# INDICATIVE ACTION PLAN DURING SUB-GRANT IMPLEMENTATION TIMEFRAME

*Specify the activities you will be undertaking during the sub-grant implementation and cross the months during which each activity is foreseen to take place*

| Activity | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 |
| --- | --- | --- | --- | --- | --- | --- |
| *Activity 1 (title)* |  |  |  |  |  |  |
| *Activity 1 (title)* |  |  |  |  |  |  |
| *Activity 2 (title)* |  |  |  |  |  |  |
| *etc.* |  |  |  |  |  |  |

# SUBMISSION CHECKLIST

| **Documents** | |
| --- | --- |
| Applications submitted by **October 23rd, 2022 at 5pm** | **□** |
| Application language is in **English** or **Arabic only** | **□** |
| Application documents are **not** handwritten | **□** |
| Application document:  Annex 2a – SIRCLES Sub-grant application form | **□** |
| Application document:  Annex 2b – SIRCLES Sub-grant Budget | **□** |
| Application document:  Annex 6 - Financial identification form (for legal persons only) | **□** |
| Application document:  Annex 7b – Legal entity identification sheet (for legal entities only) + official supporting documents (register(s) of companies, official gazette, VAT registration, etc.) | **□** |

# **EXPERIENCE** OF APPLICANT

Please provide a description of actions of a comparable scale to the one for which a grant or sub-grant was managed by you/your organisations in the past three years.

Maximum ½ page per experience

| **Name of the applicant or co-applicant:** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Project title:** | | | | | |
| **Location** | **Amount of the grant** | **Role** (coordinator, co-beneficiary) | **Name of donor** | **Amount contributed (**by donor) | **Dates** (from dd/mm/yyyy to dd/mm/yyyy) |
| … | … | … | … | … | … |
|  |  |  |  |  |  |
| **Short description of objectives and results** | |  | | | |

*(copy and paste as many tables as the experiences to be reported)*

# DECLARATION BY THE APPLICANT

The applicant, represented by the undersigned, being its authorised signatory and in the context of the present application, hereby declares that:

* the applicant has the financial capacity and professional competence and qualifications to implement the sub-grant;
* the applicant is directly responsible for the preparation, management and implementation of the sub-grant activities, and is not acting as an intermediary;
* the applicant is not in any of the situations excluding it/him/her from participating in contracts foreseen by the applicable legislation
* the applicant is eligible in accordance with the criteria set out in the guidelines for applicants;
* if recommended to be awarded the sub-grant, the applicant accepts the contractual conditions as laid down in the standard sub-grant contract annexed to the guidelines for applicants.

We acknowledge that if we participate in spite of being in any of the situations for exclusion or if the declarations or information provided prove to be false, we may be subject to (ex-post) rejection from this procedure (and requested to reimburse any received funds).

Signed on behalf of the applicant

| **Name**  *(Name of natural person applying or of person authorised to enter into legally binding commitments on behalf of the Applicant, if legal entity)* |  |
| --- | --- |
| **Signature** |  |
| **Position**  *(of person authorised to enter into legally binding commitments on behalf of the Applicant, if legal entity)* |  |
| **Date** |  |

1. ‘Target groups’ are the groups/entities who will directly benefit from the sub-grant(i.e., enterprise employees, clients, stakeholders) [↑](#footnote-ref-0)
2. ‘Final beneficiaries’ are those who will benefit from the sub-grant(s) in the long term (i.e., community) [↑](#footnote-ref-1)
3. The word “category” is used here solely to guide applicants to easily insert the required information concerning specific features of potential social exclusion/social marginalization experienced by the workforce of applicant enterprises. This information is useful for the Evaluating Commission in order to assess the applicant enterprises’ potential in terms of social inclusion and social impact. The word “category”, therefore, by no means intends to categorize or stigmatize any person experiencing forms of social exclusion/marginalization. [↑](#footnote-ref-2)