

**SECTION 1: COMMON APPLICATION FORM**

FOR THE FIRST PILOT CIRCLE-MED  
COORDINATED CALL

“Integrated Coastal Zones And Water Management”

Please refer to the framework document for eligibility and rules  
For joint collaborative projects



Climate Impact Research Coordination  
for a Larger Europe

**Proposal Number:**  
(Allocated by call secretariat)

**COMMON APPLICATION FORM**  
“Integrated Coastal Zones And Water Management”

<i>Project title</i>

**I. Administrative details and project summary**

Applicant/ Leader – Partner 1					
<b>Research institute/ Company</b>					
<b>Status: Private or public?</b>					
<b>Street name and number</b>					
<b>PO Box</b>		<b>Postal code</b>		<b>Cedex</b>	
<b>Town</b>			<b>Country</b>		
Person in charge					
<b>Family name</b>			<b>First name(s)</b>		
<b>Title</b>			<b>Gender</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<b>Date of birth</b>	(DD/MM/YYYY)		<b>Nationality</b>		
<b>Phone</b>			<b>Fax</b>		
<b>adress</b>					
<b>E-mail</b>					
<b>Web site</b>					

Applicant – Partner 2					
<b>Research institute/ Company</b>					
<b>Status: Private or public?</b>					
<b>Street name and number</b>					
<b>PO Box</b>		<b>Postal code</b>		<b>Cedex</b>	
<b>Town</b>			<b>Country</b>		
Person in charge					
<b>Family name</b>			<b>First name(s)</b>		
<b>Title</b>			<b>Gender</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<b>Date of birth</b>	(DD/MM/YYYY)		<b>Nationality</b>		
<b>Phone</b>			<b>Fax</b>		
<b>E-mail</b>					
<b>Web site</b>					

Applicant – Partner 3					
<b>Research institute/ Company</b>					
<b>Status: Private or public?</b>					
<b>Street name and number</b>					
<b>PO Box</b>		<b>Postal code</b>		<b>Cedex</b>	
<b>Town</b>			<b>Country</b>		
Person in charge					
<b>Family name</b>			<b>First name(s)</b>		
<b>Title</b>			<b>Gender</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<b>Date of birth</b>	(DD/MM/YYYY)		<b>Nationality</b>		
<b>Phone</b>			<b>Fax</b>		
<b>E-mail</b>					
<b>Web site</b>					

Applicant – Partner 4					
<b>Research institute/ Company</b>					
<b>Status: Private or public?</b>					
<b>Street name and number</b>					
<b>PO Box</b>		<b>Postal code</b>		<b>Cedex</b>	
<b>Town</b>			<b>Country</b>		
Person in charge					
<b>Family name</b>			<b>First name(s)</b>		
<b>Title</b>			<b>Gender</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<b>Date of birth</b>	(DD/MM/YYYY)		<b>Nationality</b>		
<b>Phone</b>			<b>Fax</b>		
<b>E-mail</b>					
<b>Web site</b>					

Applicant – Partner 5					
<b>Research institute/ Company</b>					
<b>Status: Private or public?</b>					
<b>Street name and number</b>					
<b>PO Box</b>		<b>Postal code</b>		<b>Cedex</b>	
<b>Town</b>			<b>Country</b>		
Person in charge					
<b>Family name</b>			<b>First name(s)</b>		
<b>Title</b>			<b>Gender</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<b>Date of birth</b>	(DD/MM/YYYY)		<b>Nationality</b>		
<b>Phone</b>			<b>Fax</b>		
<b>E-mail</b>					
<b>Web site</b>					

Please make copies of the table above if there are more applicants

**Summary**

*(Please describe briefly objectives, work planning and expected exploitation of results of the suggested collaborative project; max. 2000 characters)*

Work packages (WP)	
No. of WP	Title
1	
2	
3	
4	
5	
N	

(Use as many lines as needed)

Estimated person months per work package						
	Leader	Partner 2	Partner 3	Partner 4	Partner 5	Partner N
WP 1						
WP 2						
WP 3						
WP 4						
WP 5						
WP 6						
WP N						
<b>Total</b>						

(Use as many lines as needed). Following table has been modified to account for subcontracting

Costs per partner and requested funding budget (in EURO)				
Partner	A - Total own (costs/expenses)	B - Requested funding budget	Funding rate (B/A)	C- if budget is requested through another partner, please specify which one
Project leader			%	
Partner 2			%	
Partner 3			%	
Partner 4			%	
Partner 5			%	
Partner N			%	
<b>Total</b>				

Total project costs per partner and per year (in EURO)				
Partner	Costs year 1	Costs year 2	Total costs	Applied to
coordinator			%	
Partner 2			%	
Partner 3			%	
Partner 4			%	
Partner 5			%	
Partner N			%	
<b>Total</b>				

1) Total costs/expenses comprise costs or expenses for personnel, travelling, consumables, overhead (if applicable) etc.; the cost calculation has to be based for each partner on its national/regional funding rules; for questions, please contact your national/regional funding organisation

(Use as much lines as needed)

Duration of the project:	<i>DD/MM/YYYY - DD/MM/YYYY</i>
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### CHECKLIST for Proposers

	The proposal conforms to the “applicants’ guide”.	<input type="checkbox"/>
	Every project partner has been in <u>direct contact</u> with his/her national or regional funding agency and has checked that their collaboration and their project contribution is <u>eligible</u> for funding.	<input type="checkbox"/>
	All partners who are not eligible for 100% funding are able to provide financial resources for their own contribution.	<input type="checkbox"/>

## II. Project description

Please provide a detailed project description, jointly filled by all applicants (max. 25 pages A4; minimum type size 11 (Arial) or 12 (Times Roman), which addresses:

	Recommended No. of pages
1. Title of proposal	
2. General information on the	2
1. Project Leader (Coordinator)	
2. Partners involved	
3. Evidence of special competence and references from the applicants and, where applicable, description of the partners' preliminary work and results relevant for the proposals (including current topic related research projects)	3
4. Project description	15
1. Scientific objectives with detailed account of their relationship to the themes of the call and to current European Integrated Coastal Zones And Water Management research activities	(1-2)
2. Work plan and division of work packages between the partners	(10-12)
3. Proposed exploitation of future project results	(1-2)
4. Dissemination of results to practitioners and policy	(1)
5. Detailed work and time schedule	1
6. Sharing of work and cooperation with external organisations contributing to the project (if applicable)	1
7. Survey of the collaborative project financing scheme: indicating by partner the applicants own funds and financial requirements, structured according to permissible expenditure/cost types. Breakdown of budget per year.	1
8. Description of project management	2
9. References	3
10. For each partner of the consortium: Letter of intent signed by authorised person, mentioning also if a similar application was submitted to another funding institution.	1

**ANNEX 1 Circle med call  
Eligible Countries**

**ERA-NET Circle Med Consortium (contributing countries and regional entities):** The Ministry of Ecology, Sustainable Development and land use (MEDAD), France; The Foundation for Science and Technology (FCT), Portugal; Italian Ministry for Environment, Land and Sea (IMELS), Italy; the Ministry of the Environment (IME) Israel; The Regional Ministry of Innovation and Industry of the Galician Government through the Directorate General for Research, Development and Innovation (XUNTA), Spain.

**Non EU Mediterranean countries (through subcontracting; restrictions may apply, depending on contributing countries national funding rules):** institutions from: Albania, Algeria, Bosnia-Herzegovina, Croatia, Egypt, Lebanon, Libya, Macedonia, Montenegro, Morocco, Serbia, Syria, Tunisia, Turkey...

**EU countries (must bring own funding);** Greece, Malta, Monaco, Slovenia, Cyprus ...