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Cyprus Chamber of Commerce and Industry

Mediterranean Bee Hubs in support for sustainable economic prosperity in deprived rural areas

MedBEESinessHubs C\_A.1.2\_0035

Financed by the ENI CBC Med 2014 2020 Programme

Subgrant application form

for MedBEESinessHubs Sub-Grants

Reference: Call for subgrant proposals number 1

Deadline for submission of application: 10 May 2023

|  |  |
| --- | --- |
| Title: |  |
| Location(s): | *<*specify country(ies), region(s), area(s) or town(s) that will benefit from the subgrant(s)*>* |
| Name of the applicant |  |

|  |  |
| --- | --- |
| **Applicant’s contact details for the purpose of this action** | |
| Postal address: |  |
| Telephone number: |  |
| Contact person for this action: |  |
| Contact person’s email: |  |

**Summary of the subgrant(s)**

Please complete the table below.

|  |  |
| --- | --- |
| Title of the subgrant(s): |  |
| Location(s) of the subgrant(s)— specify country(ies), region(s) |  |
| Total duration of the subgrant(s) activities (months): |  |
| Requested EU contribution (amount) | <amount in EUR> |
| Requested EU contribution as a percentage of total eligible costs (indicative)] | % |
| [Total indicative budget] | <amount in EUR> |
| Target groups[[1]](#footnote-2) |  |
| Final beneficiaries[[2]](#footnote-3) |  |

1. **Description of the subgrant**

Please provide all the following information:

* Explain the objectives of the subgrant

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* Define and describe the target groups and final beneficiaries, their needs and constraints, and state how the subgrant will address these needs and improve their situation.

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* Briefly outline intervention logic underpinning the subgrants, indicating the expected outputs and outcome. Include a detailed list of outputs with indicators and target values

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* Briefly outline the type of activities proposed.

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* Outline the broad timeframe of the subgrant implementation and describe any specific factor taken into account.

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**2. Relevance**

Please provide all the following information:

* Describe the relevance of the subgrant to the objective(s) of the call for subgrant proposals.

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* Indicate any specific added-value elements of the subgrant.

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1. **Indicative action plan**

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| --- | --- | --- | --- | --- | --- |
| Activity | Month 1 | Month 2 | Month 3 | Month 4 | Implementing body |
| Preparation Activity 1 (title) |  |  |  |  | Applicant |
| Execution Activity 1 (title) |  |  |  |  | Applicant |
| Preparation Activity 2 (title) |  |  |  |  | Applicant |
| etc. |  |  |  |  |  |

1. **Experience of applicant**

5.1 Similar (sub)grant

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

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| --- | --- | --- | --- | --- | --- |
| **Name of the 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** | |  | | | |

5.2 Training and previous experience

Please provide details of your training and previous experience in economic activities related to the Bee-economy sector, ensuring that you include relevant supporting documents (e.g. certificates of attendance in trainings, CVs)

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| **TRAINING** | | | | |
| Title | Location  (city,  Country) | Dates(from dd/mm/yyyy to dd/mm/yyyy | Name of Training Provider | Evidence |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **PREVIOUS EXPERIENCE** | | | | |
| Project title or Work experience | Location (city,  Country) | Dates(from dd/mm/yyyy to dd/mm/yyyy | Short Description | |
|  |  |  |  | |
|  |  |  |  | |
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1. **Identification of applicants**

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| --- | --- |
| **Applicant** | |
| **Name / Company Name** |  |
| **Abbreviation (if applicable)** |  |
| **ID Number / Registration number (or equivalent)** |  |
| **Official address of Residence/Registration** |  |
| **Country of Residence/Registration** |  |
| **If not a natural person, please state Legal status (profit-making, NGO)** |  |
| **Website of the organisation** |  |
| **Telephone number** |  |

**Declaration by the applicant**

The applicant, represented by the undersigned, being its authorised signatory, hereby declares that:

* the applicant has the financial capacity and professional competence and qualifications to implement the subgrant(s);
* the applicant is directly responsible for the preparation, management and implementation of the subgrant(s) activities, and is not acting as an intermediary;
* the applicant is not in any of the situations excluding them 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 subgrant, the applicant accepts the contractual conditions as laid down in the standard subgrant 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 rejection from this procedure.

Signed on behalf of the applicant

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| **Name** |  |
| **Signature** |  |
| **Position** |  |
| **Date** |  |

1. ‘Target groups’ are the groups/entities who will directly benefit from the subgrant(s) [↑](#footnote-ref-2)
2. ‘Final beneficiaries’ are those who will benefit from the subgrant(s) in the long term [↑](#footnote-ref-3)