



Context

Main objective of the project	Exchange of Good Practices
Project Start Date (dd-mm-yyyy)	2020-09-01
Project Total Duration	
Project End Date (dd-mm-yyyy)	
National Agency of the Applicant Organisation	
Language used to fill in the form	

For further details about the available Erasmus+ National Agencies, please consult the following page:
<https://ec.europa.eu/programmes/erasmus-plus/contact>



Project Summary

Please provide a short summary of your project. Please recall that this section (or part of it) may be used by the European Commission, Executive Agency or National Agencies in their publications. It will also feed the Erasmus+ Project Results Platform.

Be concise and clear and mention at least the following elements: context/background of project; objectives of your project; number and profile of participants; description of activities; methodology to be used in carrying out the project; a short description of the results and impact envisaged and finally the potential longer term benefits. The summary will be publicly available in case your project is awarded.

In view of further publication on the Erasmus+ Project Results Platform, please also be aware that a comprehensive public summary of project results will be requested at report stage(s). Final payment provisions in the contract will be linked to the availability of such summary.

Please provide a translation in English. This summary will be publicly available in case your project is awarded.

Sample



Applicant Organisation

Organisation ID	Legal Name	Country
-----------------	------------	---------

Partner Organisations

Organisation ID	Legal Name	Country
-----------------	------------	---------

Sample



Organisations

Applicant Organisation Details

Organisation ID
Legal name
Legal name (National language)
National ID (if applicable)
Department (if applicable)
Acronym
Address
Country
P.O. Box
Postal Code
CEDEX
City
Website
Email
Telephone
Fax

Profile

Type of Organisation
Is the organisation a public body?
Is the organisation a non-profit?

Legal Representative

Title
Gender
First Name
Family Name



Department	
Position	
Email	
Telephone	
Preferred Contact	
OLS Contact	
Same address as organisation	No
Address	
Country	
P.O. Box	
Postal Code	
CEDEX	
City	

Contact Person

Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone	
Preferred Contact	
OLS Contact	
Same address as organisation	No
Address	
Country	
P.O. Box	



Postal Code

CEDEX

City

Partner Organisation details

Organisation ID

Legal name

Legal name (National language)

National ID (if applicable)

Department (if applicable)

Acronym

Address

Country

P.O. Box

Postal Code

CEDEX

City

Website

Email

Telephone

Fax

Profile

Type of Organisation

Is the organisation a public body?

Is the organisation a non-profit?

Legal Representative



Title
Gender
First Name
Family Name
Department
Position
Email
Telephone
Preferred Contact
OLS Contact
Same address as organisation
Address
Country
P.O. Box
Postal Code
CEDEX
City

No

Contact Person

Title
Gender
First Name
Family Name
Department
Position
Email
Telephone
Preferred Contact
OLS Contact



Same address as organisation	No
Address	
Country	
P.O. Box	
Postal Code	
CEDEX	
City	

Sample



Budget Summary

This section summarises the budget you have requested and provides a breakdown per participating school. In case your project is approved, each of the participating schools will be offered a separate contract with their own budget.

Note on budget capping: According to the Programme Guide, the project budget for School Exchange Partnerships is limited to 16 500 EUR per school and per year of project duration (Special Needs Support and Exceptional Costs for Expensive Travel do not count for this cap). For your project, the current budget cap is 0 EUR. Please note that this cap applies to the partnership as a whole, while there is no limitation on how these funds can be divided between the schools participating in the project.

Project Budget Summary

Budget items	Grant
Total Grant	0.00 EUR

Learning, Teaching, Training Activities

Id	Activity Type	Travel Grant	Grant for Exceptional Costs for Expensive Travel	Individual Support Grant	Linguistic Support Grant	Grant
C1		0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR
Total Grant		0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR	0.00 EUR

Budget per Organisation

Organisation	Country of Organisation	Grant
--------------	-------------------------	-------



Timetable

ID	Activity Type	Starting Period	Description
C1			

Sample

Project Description

Priorities and Topics

Please select the most relevant horizontal or sectoral priority according to the objectives of your project.

If relevant, please select up to two additional priorities according to the objectives of your project.

Please select up to three topics addressed by your project

Description

Please describe the motivation for your project and explain why it should be funded.

What are the objectives you would like to achieve and concrete results you would like to produce? How are these objectives linked to the priorities you have selected?

How are the planned activities going to lead to achievement of the project's objectives ?

eTwinning and Erasmus+ platforms

Have you used or do you plan to use eTwinning, School Education Gateway or the Erasmus+ Project Results Platform for preparation, implementation or follow-up of your project? If yes, please describe how.

If your project proposal is building on previous or ongoing eTwinning project(s), please explain how you plan to achieve this. Please clearly identify the relevant eTwinning project(s) by including the project title and project ID. In addition to the information provided here, do not forget to provide further information about the eTwinning aspect of your proposal in all other relevant parts of the application form.

Please keep in mind that experts will evaluate your application exclusively on the basis of the information provided in the application form. Therefore, when answering this question make sure to describe the eTwinning project(s) you plan to build on. Likewise, please be aware that independently of the experts' evaluation of the quality of your application, the National Agency may verify the provided information about your eTwinning project(s). In case the information is not correct, your application may be disqualified.

Participants

Please briefly describe who will take part in the project, including:

- Who are the different groups that will take part in the project activities (e.g. pupils, teachers, other school staff, parents, etc.)? Please also include information on local participants (those who will participate in project activities, but will not travel as part of the project).
- How are these groups going to participate?
- If pupils are involved in the project, please specify their age groups.

Note that specific details on selection of participants in Learning, teaching and training activities do not need to be repeated here if they are described in the dedicated section of the form: [Learning Teaching Training](#)

Participants with fewer opportunities: does your project involve participants facing situations that make their participation more difficult?



Management

Funds for Project Management and Implementation

Organisation role	Grant per organisation and per month	Number of organisations	Grant
Total		2	0.00 EUR

Project Management and Implementation

Please describe the tasks and responsibilities of each partner school. Explain how you will ensure sound management of the project and good cooperation and communication between partners during project implementation.

Please make sure to include all project management meetings, events and local activities of each school in the section:
[Timetable](#)

How did you choose the project partners? Does your project involve schools that have never participated in a Strategic Partnership? If yes, please explain how more experienced schools can support less experienced partners during the project.

Sample

Learning, Teaching, Training Activities

List of Activities

Do you plan to include transnational learning, teaching or training activities in your project?

Yes

Please describe the practical arrangements for the planned Learning, Teaching and Training activities. How will you select, prepare and support the participants, and ensure their safety?

Please specify each of the planned learning, teaching and training activities in the table below.

ID	Activity Title	Leading Organisation	Activity Type	Starting Period	No. of Participants	No. of Accompanying Persons	Grant
C1					0	0	0.00 EUR
Total					0	0	0.00 EUR

Activity Details (C1)

In this section, you are asked to provide details about this specific activity. The section consists of two parts: Activity Details and Groups of Participants.

In the first part (Activity Details) you are asked to provide information about the planned activity as a whole (e.g. its venue, duration, etc.), to define the activity's lead organisation, and to list the other participating organisations. The lead organisation is typically the one hosting the activity in its premises. In case you decide to organise the activity outside of the lead organisation's premises, you must respect the detailed rules provided in the Programme Guide and you need to provide an explanation for this choice as part of the activity description. The other participating organisations are all project partners who will send their participants to take part in the activity. Adding a partner organisation to the list of participating organisations will allow you to ask funding for their participants in the second part of this section.

In the second part (Groups of Participants) you are asked to provide some details about the participants who will take part in this activity. The main purpose of this section is to calculate the budget that the project will receive for the participants' travel, individual support and other expenses. The participants are organised in groups for easier calculation. Each group and its budget are linked to their sending organisation.

Field SCHOOLS

Activity Type



Activity Title

Leading Organisation

Participating Organisations

Starting Period

Country of Venue

Duration(days)

Description of the activity:

- Describe the content, methodology and expected results of the activity.
- How is it going to be related to or integrated with the normal activities of the involved schools?

Does this activity combine physical mobility with virtual exchanges through eTwinning?

How is participation in this activity going to benefit the involved participants?

Summary of Groups of Participants

In the following table, please define the groups of participants who will require funding to participate in this activity. Participants who do not require funding (for example local participants) do not need to be specified in this part.

ID	Sending Organisation	Distance Band	Duration (days)	No. of Participants	No. of Accompanying Persons	Grant
1						0.00 EUR

Group of Participants (1, C1)

To request funds for participants in this group, please complete the information below.

Please note that there are two categories of persons who can be funded: people directly taking part in the planned activity (always referred to as participants) and accompanying persons. Accompanying persons include teachers or other staff travelling together with pupils, as well as assistants supporting participants with special needs.

Grant rates for Individual Support are different for participants and accompanying persons. Therefore, you need to specify the requested duration for

Individual Support separately for the two categories of persons. At the same time, grants for travel are the same for participants and accompanying persons. Therefore, for travel you should add together all persons requiring a grant.

Finally, please be aware that in case later on you decide to modify the information about the activity (e.g. its duration or number of participants), the modification will not be automatically reflected for the different groups of participants and different budget items. Therefore, please make sure that all budget requests are correct before submitting your application.

Sending Organisation		Country of Venue	
No. of Participants	No. of Accompanying Persons	Total No. of Participants and accompanying persons	
		0	

Group of Participants - Budget

Individual Support

Please note that additional individual support for up to two travel days may be requested if the participants are required to travel on the day before or after the activity.

No. of Participants	Duration per Participant (days)	Grant per Participant	Total (for Participants)
		0.00 EUR	0.00 EUR

No. of Accompanying Persons	Duration per Accompanying Person (days)	Grant per Accompanying Person	Total (for Accompanying Persons)
		0.00 EUR	0.00 EUR

Total Individual Support Grant	
	0.00 EUR

Travel			
No. of Persons	Distance band	Grant per Participant	Total Travel Grant
			0.00 EUR

Exceptional Costs for Expensive Travel

☐ Request Exceptional Costs for Expensive Travel

Activity Budget	
Budget Items	Grant
Total Grant	0.00 EUR



Special Costs

In this section, you may request budget for types of expenses that are funded based on their actual cost. For more detailed information on what can be supported, please consult the Programme Guide or request advice from your National Agency.

Special Needs Support

Id	Organisation	Country of the Organisation	No. of Participants With Special Needs	Description and Justification	Requested Grant
Total					0.00 EUR

Exceptional Costs

Id	Organisation	Country of the Organisation	Description and Justification	Requested Grant (75%)
Total				0.00 EUR



Follow-up

How are you going to assess if the project's objectives have been met?

How will the participation in this project contribute to the development of the involved schools in the long-term? Do you have plans to continue using the results of the project or continue to implement some of the activities after the project's end?

Please describe your plans for dissemination and use of project results.

- How will you make the results of your project known within your partnership, in your local communities and in the wider public? Who are the main target groups you would like to share your results with?
- Are there other groups or organisations that will benefit from your project? Please explain how.

Sample



Annexes

The maximum size of a file is 15 MB and the maximum total size is 100 MB.

Please download the Declaration on Honour, print it, have it signed by the legal representative and attach.

File Name

File Size (KB)

Please attach any other relevant documents.

If you have any additional questions, please contact your National Agency. You can find their contact details here.

File Name

File Size (KB)

Total Size (KB)

0



Checklist

Before submitting your application form to the National Agency, please make sure that:

- ☐ It fulfils the eligibility criteria listed in the Programme Guide.
- ☐ All relevant fields in the application form have been completed.
- ☐ You have chosen the correct National Agency of the country in which your organisation is established. Currently selected NA is:

Please also keep in mind the following:

- Only the coordinating school needs to submit the application to its National Agency. Partner schools need to be listed in this application and must not submit the same application to their own National Agencies. If similar or identical applications are submitted by different schools to different National Agencies, all applications may be rejected.
- Only schools are eligible to participate in School Exchange Partnerships. Depending on the country where the school is registered, a specific definition of eligible schools applies. The definition or a list of eligible schools is published on the website of each National Agency. Before submitting your application, make sure that all participating schools are eligible in their respective countries.
- The documents proving the legal status of the applicant and each partner must be uploaded in the Erasmus and European Solidarity Corps platform (for more details, see Part C of the Programme Guide - 'Information for applicants').

Data Protection Notice

PROTECTION OF PERSONAL DATA

The application form will be processed electronically. All personal data (such as names, addresses, CVs, etc.) will be processed pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the EU institutions and bodies and on the free movement of such data. Any personal data requested will only be used for the intended purpose, i.e. the processing of your application in accordance with the specifications of the call for proposals, the management of the administrative and financial aspects of the project if eligible and the dissemination of results through appropriate Erasmus+ IT tools. For the latter, as regards the details of the projects' contact persons, an unambiguous consent will be requested.

For the full description of the collected personal data, the purpose of the collection and the description of the processing, please refer to the Specific Privacy Statement (see link below) associated with this form. http://ec.europa.eu/programmes/erasmus-plus/documents/epluslink-eforms-privacy_en.htm

- ☐ I agree with the Specific Privacy Statement on Data Protection