











MAIA-TAQA

Mobilizing new Areas of Investments And Together Aiming to increase Quality of life for All funded by the European Union under ENI CBC Med Programme

Project Partner: The Euro Lebanese Centre for Industrial Modernisation (ELCIM) at the Industrial Research Institute (IRI)

MAIA-TAQA

MAIA-TAQA A_A.2.2_0195

Financed by the ENI CBC Med 2014 2020 Programme

Subgrant application form

for MAIA-TAQA innovation services

Deadline for submission of application: 19/04/2023

Title:	MAIA-TAQA innovation services
Location(s):	Lebanon
Name of the applicant	
Name of the co-applicants	

Applicant's contact details for the purpose of this action	
Postal address:	
Telephone number:	
Contact person for this action:	
Contact person's email:	

NOTICE

Where you see < ... >, enter the information relevant to the call for proposals in question.

The phrases in square brackets [] should only be included if appropriate.

Any other part of these standard instructions should not be modified.

INSTRUCTIONS FOR DRAFTING THE APPLICATION FORM

There is no specific template for the application form, but the applicant must ensure that the text:

- includes Page 1 of this document, filled in and submitted as a cover page;
- includes the table of the summary of the subgrant(s) activities;
- includes the description of the subgrant(s) activities (not exceeding 2 pages) and their relevance (not exceeding 3 pages), the format for both documents being A4 size with 2 cm margins, Arial 10 font characters and single line spacing;
- provides the information requested under the headings below, in the order requested, and in proportion to its relative importance (see the relevant scores in the evaluation grid in the guidelines for applicants);
- provides full information (as the evaluation will be based solely on the information provided);
- is drafted as clearly as possible to facilitate the evaluation process.

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1. Summary of the subgrant(s)

Please complete the table below.

Title of the subgrant(s):	MAIA-TAQA innovation services
Location(s) of the subgrant(s)— specify country(ies), region(s)	Lebanon (whole country)
Total duration of the subgrant(s) activities (months):	4months
Requested EU contribution (amount)	EUR 10.000
Requested EU contribution as a percentage of total eligible costs (indicative)]	%
[Total indicative budget]	
Target groups ¹	
Final beneficiaries ²	

2. Applicant and co-applicant (max 1 page)

Team presentation: curriculum, experiences, skills of applicant and co-applicant(s).

3. Description of the subgrant deliverables (max 3 pages)

Please provide all the following information:

- Explain the objectives of the subgrant
- 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.
- Briefly outline intervention logic underpinning the subgrants, indicating the expected outputs and outcome. Include a detailed list of outputs with indicators and target values
- Briefly outline the type of activities proposed.
- Outline the broad timeframe of the subgrant implementation and describe any specific factor taken into account.

3. Relevance (max 1 page)

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¹ 'Target groups' are the groups/entities who will directly benefit from the subgrant(s)

² 'Final beneficiaries' are those who will benefit from the subgrant(s) in the long term

Please provide all the following information:

- Describe the relevance of the subgrant to the objective(s) of the call for subgrant proposals.
- Indicate any specific added-value elements of the subgrant.

4. Indicative action plan

Activity	Month 1	2	3	4	Implementing body
Preparation Activity 1 (title)					Applicant or co-applicant #
Execution Activity 1 (title)					Applicant or co-applicant #
Preparation Activity 2 (title)					Applicant or co-applicant #
etc.					

5. Experience of applicant and co-applicants

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.

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 des	scription of and results				

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6. Identification of applicants and co-applicants

Fill-in one table for the applicant and each co-applicant.

Applicant	
Name	
Abbreviation	
Registration number (or equivalent)	
Official address of registration	
Country of registration	
Legal status (profit-making, NGO or public)	
Website of the organisation	
Telephone number	

Co-applicant #1	
Name	
Abbreviation	
Registration number (or equivalent)	
Official address of registration	
Country of registration	
Legal status (profit-making, NGO or public)	
Website of the organisation	
Telephone number	

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Declaration by the applicant

The applicant, represented by the undersigned, being its authorised signatory [and in the context of the present application, representing any co-applicant(s) in the proposed action], 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 with the co-applicant(s) if any, and is not acting as an intermediary;
- the applicant and the co-applicant(s) are not in any of the situations excluding them from participating in contracts foreseen by the applicable legislation
- the applicant and each co-applicant (if any) are eligible in accordance with the criteria set out in the guidelines for applicants;
- if recommended to be awarded the subgrant, the applicant and the co-applicant(s), if any, accept 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

Name	
Signature	
Position	
Date	

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