



## ***Lifelong Learning Programme 2007-2013***

### **Leonardo da Vinci**

#### **ELIGIBILITY FORM MOBILITY**

Version 2012

<b>LIFELONG LEARNING PROGRAMME – LEONARDO DA VINCI MOBILITY</b>
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<b>IDENTIFICATION OF THE PROJECT</b>
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<b>Proposal Number:</b>	
<b>Title</b>	
<b>Applicant Organisation</b>	
<b>Target Group</b>	IVT <input type="checkbox"/> PLM <input type="checkbox"/> VETPRO <input type="checkbox"/>

<b>ELIGIBILITY CHECK</b>
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1	The proposal is submitted in the form requested by the NA in addition to the signed paper version.	YES	NO
2	The proposal is submitted on the official Leonardo da Vinci application form for mobility.	YES	NO
3	All relevant fields in the application form are duly filled in, especially the financial section.	YES	NO
4	The form is not handwritten.	YES	NO
5	The proposal bears the original signature of the authorised person designed in the application form.	YES	NO
6	The proposal has been submitted within the deadlines as indicated in the call for proposals.	YES	NO
7	The applicant is located in the country of the National Agency to which the application is addressed.	YES	NO
8	The proposal is submitted by a legal entity.	YES	NO
9	The proposal complies with the requirements of transnational dimension, i.e. partners from at least 2 countries, including at least one from the EU.	YES	NO
10	The proposal is drawn up in one of the official languages of the EU or In one of the EFTA/EEA or accession country languages + a summary in EN, FR or DE.	YES	NO
11	For non public bodies requesting a grant exceeding 25.000 Euro: a copy of the official accounts for the most recent financial year for which accounts have been closed is added to the application form	YES	NO

**Conclusion:**

<b>The proposal</b>	<b>is eligible</b>	
	<b>is not eligible</b>	

**Comments:**

In case you consider the proposal as **not eligible**, or if you cannot come to any conclusion, please provide justifications:

**Evaluator Identification**

I (Name<sup>1</sup>) \_\_\_\_\_ declare that I have no link with the proposal or any personal interest in its success or otherwise that could influence my impartiality. I will not disclose any information concerning this proposal or my assessment or any other matter relating to it outside the agreed assessment procedure.

Name of evaluator (in block letters): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Signature: \_\_\_\_\_

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<sup>1</sup> Please use block letters