



Name of evaluator: \_\_\_\_\_

<p><b>COMENIUS REGIO PARTNERSHIPS</b> <b>COMMON EUROPEAN ELIGIBILITY CHECKLIST 2013</b></p>
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<b>Partnership reference N°</b>
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<b>Name of applicant institution:</b>	
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<b>Partnership title:</b>	
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	<b>Yes</b>
The application has been submitted by the applicant institution on 21 February at the latest (postmark date).	
The application has been submitted using the correct application form.	
The application has been submitted according to the instructions published by the National Agency.	
The form is not hand written.	
The form is completed in full.	
The application form has been completed using one of the official languages of the EU.	
The Partnership consists of two partner regions located in two of the countries participating in the Lifelong Learning Programme.	
In each partner region, at least one school and one other organisation will be involved in activities (in addition to the applying local or regional authority).	
At least one of the partner regions is located in a Member State of the European Union.	
The applicant institution is eligible to receive funding from this National Agency to participate in a Comenius Regio Partnership.	
At least one of the schools involved in the Comenius Regio Partnerships in each applicant region is eligible in Comenius School Partnerships.	
Part E (Requested funding) includes the Partnership type or the grant amount requested by the applicant institution for mobilities.	
Part E (Requested funding) includes a budget for additional project costs or states that no grant for additional project costs is requested.	
The form has been signed by the legal representative of the applicant institution or a person duly authorised by the legal representative.	
The participating institutions have fulfilled their contractual obligations in relation to any earlier grants received from the National Agency. <sup>1</sup> (exclusion criterion)	

<sup>1</sup> i.e. the institution in question has no outstanding repayments to the NA. This exclusion criterion refers mainly to the applicant institution, the local or regional authority. It should be applied to participating schools or other local partners only in very exceptional cases (to be decided by the NA).

The application is eligible: Yes   
No

**If the application is not eligible on the basis of one or several of the criteria above, please give details if necessary:**

*I hereby declare to the best of my knowledge that I have no conflict of interest (including family, emotional life, political affinity, economic interest or any other shared interest) with the organisation(s) or any of the persons having submitted this grant application. Furthermore, I confirm that I will not communicate to any third party any information that may be disclosed to me in the context of my work as an evaluator.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and signature