



Name of evaluator: _____

<p>GRUNDTVIG LEARNING PARTNERSHIPS</p> <p>COMMON EUROPEAN ELIGIBILITY CHECKLIST 2013</p>
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Partnership reference N°

Name of applicant organisation:	
Partnership title:	

ASSESSMENT

	Yes
The application has been submitted by the applicant organisation on 21 February 2013 at the latest (postmark date).	
The application has been submitted using the correct application form.	
The form is not handwritten.	
All the compulsory fields in the e-form have been filled in.	
The application form has been completed using one of the official languages of the EU.	
The Partnership consists of organisations located in at least three of the countries participating in the Lifelong Learning Programme.	
At least one of the participating organisations is located in a Member state of the European Union.	
The applicant organisation is a legal body and is eligible to receive funding from this National Agency to participate in a Grundtvig Learning Partnership.	
The form has been signed by the legal representative of the applicant organisation or a person duly authorised by the legal representative.	
The applicant organisation has fulfilled its contractual obligations in relation to any earlier grants received from the National Agency, i.e. the organisation has no outstanding repayments to the NA which should already have been made (exclusion criterion).	
<i>(If applicable, NA to add national eligibility criteria)</i>	

ASSESSMENT

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