

**FORM A – ACCESSION TO FRAMEWORK PARTNERSHIP AGREEMENT No****EEA/NSV/13/002-ETC/ICM**

[To be filled in by **each** partner identified in Article I.2.1 of the Framework Partnership Agreement]

[Official name of the partner in full], represented for the purpose hereof by [person legally authorised to act on behalf of the legal entity: name in full and function] or [his/her] authorised representative, acting as legally authorized representative, established in [official address in full], hereby consents to become a partner to the above Framework Partnership Agreement signed between the European Environment Agency and [official name of the coordinator], established in [official address in full], and accepts, in accordance with the provisions of the aforementioned framework agreement, all the rights and obligations of a partner.

Done in 3 copies, of which one shall be kept by the coordinator, one by [name of the partner], and the third be sent to the Agency by the coordinator in accordance with Article I.2.4 of the framework agreement.

For the partner:

[Official name of the partner in full]

[Forename/surname/function of the legally authorized representative]

Signature:

Date:

For the coordinator:

[Official name of the coordinator in full]

[Forename/surname/function of the legally authorised representative]

Signature:

Date:



**FORM B – REQUEST FOR ACCESSION OF A NEW PARTNER TO
FRAMEWORK PARTNERSHIP AGREEMENT No**

EEA/NSV/13/002-ETC/ICM

[To be filled in by **each new legal entity** applying to become partner]

[Official name of the proposed partner in full], represented for the purpose hereof by [person legally authorised to act on behalf of the legal entity: name in full and function] or [his/her] authorised representative, acting as legally authorized representative, established in [official address in full], hereby requests to become a partner to the above Framework Partnership Agreement signed between the European Environment Agency and [official name of the coordinator], and accepts, in accordance with the provisions of the aforementioned framework agreement, all the rights and obligations of a partner starting as from [date], should the Agency not oppose to this request within 45 (forty-five) calendar days upon its receipt.

[Official name of the coordinator], represented for the purpose hereof by [name in full and function] or [his/her] authorised representative, acting as legally authorized representative, established in [official address in full], hereby certifies as representative of the partners to the above Framework Partnership Agreement that the consortium proposes and agrees to the accession of [official name of the proposed partner in full] to the aforementioned agreement as partner.

Enclosures: Justification for the selection of the proposed partner including description of the work to be performed

Done in 3 copies, of which one shall be kept by the coordinator, one by [official name of the proposed partner], and the third be sent to the Agency by the coordinator in accordance with Article I.2.6 of the framework agreement.

For the partner:

[Official name of the proposed partner in full]

[Forename/surname/function of the legally authorised representative]

Signature:

Date:

For the coordinator:

[Official name of the coordinator in full]

[Forename/surname/function of the legally authorised representative]

Signature:

Date:



FORM C – COST STATEMENT SUMMARY (Euro)

Reporting period: _____ to _____

Name of the partner: _____

Exchange rate used¹: _____

	Amounts for the period		
	Total cost	Agency Contribution	Co-financing
<i>DIRECT COSTS</i>			
Staff costs			
Travel and subsistence			
Durable equipment			
Meeting cost			
Other specific costs			
<i>SUBTOTAL OF DIRECT COSTS</i>			
Overheads (maximum 20%)			
Subcontracts			
<i>TOTAL</i>			

We certify that

- the above costs are derived from the resources employed which were necessary for the work under the action,
- the costs have incurred and fall within the definition of eligible costs specified in the framework agreement,
- any necessary permissions of the Agency have been obtained, and
- full supporting documentation to justify the costs hereby declared, including time sheets, is available for audit

Date:

Date:

Name of person designated to manage the work (CAPITAL letters):

Name of duly authorized responsible Financial Officer (CAPITAL letters):

Signature

Signature

¹ http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm



FORM C1 – COST STATEMENT DETAILS BY CATEGORY (National currency)

Reporting period: _____ to _____

Name of the partner: _____

Currency: _____

Staff costs

Name	No of working hours	Hourly rate (2 decimals)	Cost
Total			

Travel and subsistence

Name	Travel dates (as per ticket)	Destination	Purpose	Travel	Subsistence
<i>Subtotals</i>					
Total					

Durable equipment

Description	Price	Date of invoice	Depreciation 36/60 months	% allocation to project	Cost
Total					

Meeting costs

	Cost
Travel costs (purpose, dates, receiver's name and organization)	
Subsistence (purpose, dates, receiver's name and organization)	
Specification of other meeting costs	
Total	

Other specific costs (subject to prior approval of the Agency)

Supplier	Description	Cost
		Total

Subcontracts

Subcontractor	Description	Cost
		Total



FORM C2 – DAILY RATE CALCULATION (National currency)

Reporting period: _____ to _____

Name of the partner: _____

Currency: _____

	Name	Name	Name
Annual basic salary			
Employer's contribution [if percentage, indicate rate]			
Payments of holidays			
Christmas gratification			
Other (allowances, severance payment, etc.)			
Gross remuneration per year [national currency]			
Nominal working days (5 days/week)			
Bank holidays			
Annual leave (entitlement)			
Other absence (e.g. due to illness, training, etc.)			
Actual working days			
Working hours per day (excl. lunch): [specify]			
Working hours/year (2 decimals)			
Daily rate (2 decimals) [national currency]			
Hourly rate (2 decimals) [national currency] – to be used in Form C1			

Note: The calculation of actual working days should be based on the partner's usual policy, provided this is regarded as acceptable by the Agency



FORM D – INTEGRATED COST STATEMENT FROM THE COORDINATOR (Euro)

Reporting period: _____ to _____

ETC: _____

Specific agreement No.: _____

<i>Name of partner</i>	Total cost (Euro)	Agency contribution	Co-financing
<i>TOTAL:</i>			

The signed original of each partner's cost statement is attached

Confirmed by person(s) nominated on behalf of the Consortium as responsible for the work under the framework agreement:

Name:

Name:

Function:

Function:

Signature

Signature

Date:

Date: