

**FORM A – ACCESSION TO FRAMEWORK PARTNERSHIP AGREEMENT No****EEA/IEA/13/003-ETC/WMGE**

[To be filled in by **each** partner identified in Article 1.2.1 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 1.2.4 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/IEA/13/003-ETC/WMGE

[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: