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| **ESPON 2020 Cooperation Programme** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application Form**  **Stakeholder Proposals under Specific Objective 2**  **of the ESPON 2020 Cooperation Programme** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Signature of the Lead Stakeholder** | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
|  | | **Name and Position within the Lead Stakeholder Organisation** | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
|  | | **Date and Place** | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
|  | | *Note: Signatures are only relevant for the scanned version of the completed application form* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **General instructions for filling in the application form:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Before filling in this form, please ensure you read the Guidance for Stakeholder proposals for ESPON Targeted Analyses. The guidance will provide further information on how to prepare a stakeholder proposal and complete this application form. The guidance document together with the template for the letter(s) of commitment are available at [www.espon.eu](http://www.espon.eu)   The Stakeholder Proposal application consists of:   * A fully **completed application form**; and * Letter(s) of commitment from the **lead stakeholder and each** participating stakeholder   The letter(s) of commitment accompanying the application form must be completed, dated and signed by a duly authorised representative of the stakeholder institution and sent in scanned copy by email as per the instructions below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Submitting a Stakeholder Proposal:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The application must be submitted in **electronic form only** as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (i) | | | One **electronic version** of the completed application form (in MS Word format)  0 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (ii) | | | One **scanned signed copy** of the completed application form | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (iii) | | | One scanned copy of **each** letter of commitment | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | The above documents must be sent by email to the following email address:  [application@espon.eu](mailto:application@espon.eu) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **1.0** | | | | **Title of stakeholder proposal (maximum 20 words)** | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **1.1** | | | | **Topic of the proposal** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please indicate if your proposal is about* ***policy implementation tools for integrated territorial development*** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | YES | | | |  | |  | | | | NO | | |  |  | | | | |  |
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|  | | **1.2** | | | | **Executive summary (maximum 100 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please briefly describe what your stakeholder proposal is all about (i.e. summarising the information provided in the sections below)* | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **2.0** | | | | **Stakeholder proposal information** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **2.1** | | | | **Legal status of the lead and participating stakeholders (maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please describe the legal status as well as the role and competences of the stakeholders’ authorities in developing and implementing place-based territorial policies and/or in managing EU funds.* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.2** | | | | **Main general characteristics of the territories to be addressed (maximum 150 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please provide some information on the territory/territories to be addressed by the Targeted Analysis proposal, including some considerations on the main challenges and/or potentials* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.3** | | | | **Scope and rationale of the stakeholder proposal** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **2.3.1** | | | | **Policy issues to be addressed (maximum 300 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please detail the policy questions that the Targeted Analysis should provide answers to and outline why these questions are relevant and important in your territories and in developing place-based development strategies* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.3.2** | | | | **Presence of a European perspective (maximum 300 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please explain the possible relevance of the topic proposed by you beyond the stakeholder territories on a European scale. In doing so, you can either address: (1) the prominence of the topic in the current European policy context; (2) the degree of added value, transferability and relevance of the topic for other EU members states/ESPON partner states; or (3) the need for comparative analyses and for identifying potentials in relation to potentials for other territories, neighbouring regions and cities, etc* | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **2.3.3** | | | | **Relevant ESPON results to be considered (maximum 100 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please list here the existing ESPON evidence that you believe can support the Targeted Analysis or be used as a basis for this analysis (i.e. make best use of ESPON project results)* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.4** | | | | **Results and operational use of the targeted analysis** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **2.4.1** | | | | **Main results expected (maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please outline here the type of results you expect from this Targeted Analysis (e.g. evidence on the regional population development over the past 10 years; territorial evidence on the impact of a certain policy in the stakeholders’ territories; etc). This should also address the realism and feasibility of the Targeted Analysis in practical terms e.g. availability of data, method or research etc* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.4.2** | | | | **Expected operational use of results by each stakeholder (maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please explain when approximately you plan to make use of the results and for which purpose and processes you intend to do so (e.g. for the drafting/revision of a regional development strategy; for developing a new policy; as input for a strategic meeting or a policy discussion on a particular topic; provide synergy between different interests and cross-sectoral policy dialogue etc)* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.5** | | | | **Involvement of participating stakeholders** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **2.5.1** | | | | **Direct contribution foreseen (maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please provide information on your active contribution as lead stakeholder to the successful implementation of the Targeted Analysis (e.g. provision of information, data, documents, facilitating meetings/events etc)* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.5.2** | | | | **Direct involvement of participating stakeholders (maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please describe how each participating stakeholder will be directly involved in the active implementation of the Targed Analysis (e.g. by setting up specific working groups; providing data, information, access to relevant documents, nominating specific colleagues as contact persons etc)* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.6** | | | | **Involvement of umbrella organisations (maximum 100 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please indicate whether you plan to involve any European, transnational or national umbrella organisation in the Steering Committe of the Targeted Analysis* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **2.7** | | | | **Dissemination activities (maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please describe how you intend to disseminate the results of the Targeted Analysis and capitalise upon them and ensure that results are transferred beyond the stakeholders’ territories and have wider relevance (e.g. organisation of workshops and seminars, newsletters etc).* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **3.0** | | | | **Participating stakeholders** | | | | | | | | | | | | | | | | | | | | | | **1** |
|  | | **3.1** | | | | **Total number of stakeholders participating in the proposal** *(including the Lead Stakeholder)* | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Number of stakeholders from EU Member States** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Austria | | | | | | | |  | |  | | Poland | | | |  | | |  | | | | | | |  |
|  | | Belgium | | | | | | | |  | |  | | Portugal | | | |  | | |  | | | | | | |  |
|  | | Bulgaria | | | | | | | |  | |  | | Romania | | | |  | | |  | | | | | | |  |
|  | | Cyprus | | | | | | | |  | |  | | Slovakia | | | |  | | |  | | | | | | |  |
|  | | Croatia | | | | | | | |  | |  | | Slovenia | | | |  | | |  | | | | | | |  |
|  | | Czech Republic | | | | | | | |  | |  | | Spain | | | |  | | |  | | | | | | |  |
|  | | Denmark | | | | | | | |  | |  | | Sweden | | | |  | | |  | | | | | | |  |
|  | | Estonia | | | | | | | |  | |  | | United Kingdom | | | |  | | |  | | | | | | |  |
|  | | Finland | | | | | | | |  | |  | |  | | | |  | | |  | | | | | | |  |
|  | | France | | | | | | | |  | |  | | **Number of stakeholders from ESPON Partner States** | | | | | | | | | | | | | |  |
|  | | Germany | | | | | | | |  | |  | | Liechtenstein | | | |  | | |  | | | | | | |  |
|  | | Greece | | | | | | | |  | |  | | Switzerland | | | |  | | |  | | | | | | |  |
|  | | Hungary | | | | | | | |  | |  | | Iceland | | | |  | | |  | | | | | | |  |
|  | | Ireland | | | | | | | |  | |  | | Norway | | | |  | | |  | | | | | | |  |
|  | | Italy | | | | | | | |  | |  | |  | | | | | | | | | | | | | |  |
|  | | Latvia | | | | | | | |  | |  | | **Number of stakeholders from Structural Funds Programmes** | | | | | | | | | | | | |  |  |
|  | | Lithuania | | | | | | | |  | |  | | Convergence Objective | | | | | | | | | | | |  |  |  |
|  | | Luxembourg | | | | | | | |  | |  | | Regional Competitiveness and Employment Objective | | | | | | | | | | | |  |  |  |
|  | | Malta | | | | | | | |  | |  | | Territorial Cooperation Objective | | | | | | | | | | | |  |  |  |
|  | | The Netherlands | | | | | | | |  | |  | |  | | | | | | | | | | | |  |  |  |
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|  | | **3.2** | | | | | **Lead Stakeholder** | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
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|  | | Contact person: | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Position | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Telephone | | | |  | | | | | | | | | | | | |  |
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|  | | **3.3** | | | | | | **Particpating Stakeholders** | | | | | | | | | | | | | | | | | | | |  |
|  | | **Participating Stakeholder No. 1** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
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|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | Telephone | | | |  | | | | | | | | | | | | |  |
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|  | | **Participating Stakeholder No. 2** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | Town/City | | | |  | | | | | | | | | | | | |  |
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|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Position | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Telephone | | | |  | | | | | | | | | | | | |  |
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|  | | **Participating Stakeholder No. 3** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | Town/City | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Country | | | |  | | | | | | | | Post code |  | | | |  |
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|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | Telephone | | | |  | | | | | | | | | | | | |  |
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|  | | **Participating Stakeholder No. 4** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | Town/City | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Country | | | |  | | | | | | | | Post code |  | | | |  |
|  | | | | | | | | | | | Website | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  |
|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Position | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Telephone | | | |  | | | | | | | | | | | | |  |
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|  | | **Participating Stakeholder No. 5** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | Town/City | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Country | | | |  | | | | | | | | Post code |  | | | |  |
|  | | | | | | | | | | | Website | | | |  | | | | | | | | | | | | |  |
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|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
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|  | | ***\*Note: If there are more than five stakeholders, please copy and paste the additional fields provided overleaf, as required*** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **Participating Stakeholder No.** | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | Town/City | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Country | | | |  | | | | | | | | Post code |  | | | |  |
|  | | | | | | | | | | | Website | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  |
|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Position | | | |  | | | | | | | | | | | | |  |
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|  | | **Participating Stakeholder No.** | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  | | Official name of the institution and the involved department (original language): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official English translation of the name of the institution and the involved department (if available): | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Type of stakeholder  *e.g. local, regional or national bodies, managing authority, joint secretariat, EGTC etc* | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | | Official address: | | | | | | | | | Street and Number | | | |  | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | Town/City | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Country | | | |  | | | | | | | | Post code |  | | | |  |
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|  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  |
|  | Contact person: | | | | | | | | | | Family Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | First Name | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Position | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Telephone | | | |  | | | | | | | | | | | | |  |
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|  | | **Checklist for submission** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | *Please make sure that you have fulfilled the requirements listed below before submitting:* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | One scanned copy of this application form, **signed and dated** by a duly authorised representative of the Lead Stakeholder. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | Scanned copy of all letter(s) of commitment **signed and dated** by **all** participating stakeholders including the Lead Stakeholder and on the official letter paper of the stakholders' institution | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | One **electronic version** of the completed Application Form (in MS Word format) | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | All documents are in the working language of the ESPON 2020 Cooperation Programme **- English**. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | **All stakeholders** participating in the stakeholder proposal **are listed** in the application form with their institution’s name in original and in English language. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | The Lead Stakeholder has verified that all **white fields** have been filled in. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | The Lead Stakeholders and all Participating Statekholders confirm that by ticking this box that they stand ready to immediately sign the Stakeholder Cooperation Agreement as proposed by the ESPON EGTC, should they be selected. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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