



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

**MULTILATERAL COMENIUS SCHOOL PARTNERSHIPS  
COMMON EUROPEAN ELIGIBILITY CHECKLIST 2010**

**Partnership reference N°**

**Name of applicant institution:**

**Partnership title:**

	<b>Yes</b>
<b>The application has been submitted by the applicant institution on 19 February 2010 at the latest (postmark date).</b>	
<b>The application has been submitted using the correct application form.</b>	
<b>The application has been submitted according to the instructions published by the National Agency.</b>	
<b>The form is not hand written.</b>	
<b>The form is completed in full.</b>	
<b>The application form has been completed using the communication language of the Partnership (this must be one of the official languages of the EU).</b>	
<b>The Partnership consists of institutions located in at least three of the countries participating in the Lifelong Learning Programme.</b>	
<b>At least one of the participating institutions is located in a Member state of the European Union.</b>	
<b>The applicant institution is eligible to receive funding from this National Agency to participate in a Comenius School Partnership.</b>	
<b>Part H (Requested EU funding) includes either the Partnership type or the grant amount requested by the applicant institution.</b>	
<b>The form has been signed by the legal representative of the applicant institution or a person duly authorised by the legal representative.</b>	
<b>The applicant institution has fulfilled its contractual obligations in relation to any earlier grants received from the National Agency.<sup>1</sup> (exclusion criterion)</b>	
<i>(If applicable, add national administrative priorities)</i>	

**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*

<sup>1</sup> i.e. the institution in question has no outstanding repayments to the NA.

*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