**CONCEPT NOTE**

|  |  |
| --- | --- |
| **Cooperation Programme** | Interreg (VΙ-A) IPA CBC “Greece-North Macedonia 2021-2027” |
| **Call** | 1st Call for Project Proposals |
| **Phase**  | 1st Phase -Concept Note |

|  |  |
| --- | --- |
| **Project title** |  |
| **Project acronym** |  |
| **Date of submission** |  |

|  |  |
| --- | --- |
| **Name of Legal Representative of Lead Beneficiary** |  |
| **Signature & Authentication** |  |

|  |
| --- |
| **Partnership Details**  |
| **Lead Beneficiary (PB1)** |
| **Name of institution in English** |  |
| **Name of institution in original language** |  |
| **Legal Representative** |  |
| **Address** |  |
| **Country** |  |
| **NUTS III code** | Please indicate the Nuts Code Area of your institution as indicated in Annex I below |
| **Telephone** |  |
| **e-mail** |  | **website** |  |
| **Type of beneficiary (Mark with X) according to section xxxx of the xxx Call for Project Proposals)** | [ ] Public Bodies[ ] Bodies Governed by Public Law[ ]  Non Profit Organizations (bodies governed by private law)[ ]  International Organizations[ ]  EGTCs |
| **Does the Beneficiary fit in the eligible beneficiaries type of the specific call and priority? Please explain.** |  |
| **Is the Beneficiary the responsible\competent authority (according to its legal status) for developing or delivering the scope of the project as described below?**  |  |
| **What specific need of your organization does your involvement in the project address?** |  |
| **Which particular Directorate/ Unit or department will be responsible for the preparation and execution of the project activities? Please provide further details.** |  |

|  |
| --- |
| **Beneficiary (PB2)** |
| **Name of institution in English** |  |
| **Name of institution in original language** |  |
| **Legal Representative** |  |
| **Address** |  |
| **Country** |  |
| **NUTS III code** | Please indicate the Nuts Code Area of your institution as indicated in Annex I below |
| **Telephone** |  |
| **e-mail** |  | **website** |  |
| **Type of beneficiary (Mark with X) according to section xxxx of the xxx Call for Project Proposals)** | [ ]  Public Bodies[ ] Bodies Governed by Public Law[ ]  Non Profit Organizations (bodies governed by private law)[ ]  International Organizations[ ]  EGTCs |
| **Does the Beneficiary fit in the eligible beneficiaries type of the specific call and priority? Please explain.** |  |
| **Is the Beneficiary the responsible\competent authority (according to its legal status) for developing or delivering the scope of the project as described below?** |  |
| **What specific need of your organization does your involvement in the project address?** |  |
| **Which particular Directorate/ Unit or department will be responsible for the preparation and execution of the project activities? Please provide further details.** |  |

|  |
| --- |
| **Beneficiary (PB3)** |
| **Name of institution in English** |  |
| **Name of institution in original language** |  |
| **Legal Representative** |  |
| **Address** |  |
| **Country** |  |
| **NUTS III code** | Please indicate the Nuts Code Area of your institution as indicated in Annex I below |
| **Telephone** |  |
| **e-mail** |  | **website** |  |
| **Type of beneficiary (Mark with X) according to section xxxx of the xxx Call for Project Proposals)** | [ ]  Public Bodies[ ] Bodies Governed by Public Law[ ]  Non Profit Organizations (bodies governed by private law)[ ]  International Organizations[ ]  EGTCs |
| **Does the Beneficiary fit in the eligible beneficiaries type of the specific call and priority? Please explain.** |  |
| **Is the Beneficiary the responsible\competent authority (according to its legal status) for developing or delivering the scope of the project as described below?** |  |
| **What specific need of your organization does your involvement in the project address?** |  |
| **Which particular Directorate/ Unit or department will be responsible for the preparation and execution of the project activities? Please provide further details.** |  |

|  |
| --- |
| **Beneficiary (PB4)** |
| **Name of institution in English** |  |
| **Name of institution in original language** |  |
| **Legal Representative** |  |
| **Address** |  |
| **Country** |  |
| **NUTS III code** | Please indicate the Nuts Code Area of your institution as indicated in Annex I below |
| **Telephone** |  |
| **e-mail** |  | **website** |  |
| **Type of beneficiary (Mark with X) according to section xxxx of the xxx Call for Project Proposals)** | [ ]  Public Bodies [ ] Bodies Governed by Public Law[ ] Non Profit Organizations (bodies governed by private law)[ ]  International Organizations[ ]  EGTCs |
| **Does the Beneficiary fit in the eligible beneficiaries type of the specific call and priority? Please explain.** |  |
| **Is the Beneficiary the responsible\competent authority (according to its legal status) for developing or delivering the scope of the project as described below?** |  |
| **What specific need of your organization does your involvement in the project address?** |  |
| **Which particular Directorate/ Unit or department will be responsible for the preparation and execution of the project activities? Please provide further details.** |  |

Note.: If needed, you may insert more tables, with the partnership details for every extra partner, here below.

**Partnership/participation**

Please describe the partner’s role and capabilities in respect to the specific project.

*By “partner role” you need to describe if the partner will be responsible for delivering specific actions/work packages or outcomes; by “capabilities” you need to describe the specific skills/know-how/experience/staff structure/geographic coverage/etc each partner brings to the project so that all partner “capabilities” act in a complementary way to produce the expected results.*

|  |  |  |
| --- | --- | --- |
| **Project beneficiary:** | **Partner role** | **Capabilities** |
|
| **PB 1** |  |  |
| **PB 2** |  |  |
| **PB 3** |  |  |
| **PB 4** |  |  |

|  |
| --- |
| **Brief Summary Description of the Project** |
| Please give a short overview of the project and:

|  |  |
| --- | --- |
| Brief overview of the project: |  |
| Describe the overall project objectives and expected change.  |  |
| Describe the main project actions, in case of : | Infrastructure/equipment, etc. |  |
| Soft actions |  |
| Describe the maturity of the proposed actions:In case of infrastructure or equipment please state the existing licenses/studies e.t.c. and/or any required licenses/studies to be issued. In case of the later please specify the estimated timeframe. In addition, state whether the beneficiary has land/ property in his possession or not. Projects including soft actions only are not required to fill in this field.  |  |
| Describe synergies/complementarities/capitalization of the proposed activities with already implemented projects, as well as with relevant European and national /macroregional/regional policies/strategies. |  |
| Provide an explanation of why your project is significant within the programme area, specifically addressing how it relates to common challenges and opportunities in this area. |  |
| Describe the main results.  |  |
| Describe who benefits from the project.  |  |
| Describe what is new/original about the project |  |
| Describe if the suggested actions of the project comply with the minimum conditions of cross -border character (EC Regulation 2021/1059, art. 23) that is: a)project beneficiaries of both countries are involved, b) all beneficiaries shall co-operate in the development and implementation of operation, c) they shall cooperate either in staffing or/and in financing of the operation |  |
| Describe why a cross-border approach is needed |  |
| Have any of the proposed actions been completed before the application? | YES |  | NO |  |

 |
| **Brief summary of project budget**Please provide a summary budget, i.e. the overall project costs by action (investment in infrastructure, equipment, etc., soft actions) and by cost category (staff, office and administration, travel and accommodation, external expertise and services, equipment, infrastructure and works) not broken down by partner.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Cost Category** | **Basis of Calculation (flat rate/real cost)** | **Budget (€)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Project Total** |  |  |
| **Project Total Direct Costs (except staff and O&A)** |  |  |
| **Costs for activities or project partners outside eligible area** |  |  |
| **Management Costs** |  |  |
| **Preparation Costs** |  |  |

*Note 1: For each line item please indicate if calculated on “flat rate” basis or they are “real costs”.**Note 2: In addition to the detailed costs, please also indicate, the costs incurred outside the eligible area (if any), and isolate the management costs and the preparation costs (last two lines of the table)* |
|  |
| **PROJECT INDICATORS**Please select the appropriate output and result indicators for your project by using the Annex xxx given below: |
| **Priority:** |
| **Policy Objective:** |
| **Specific Objective:** |
| **Intervention field:** |
|  |
| **OUTPUT INDICATORS** |
| **Code** | **Title** | **Measurement unit** | **Target** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **RESULT INDICATORS** |
| **Code** | **Title** | **Measurement unit** | **Target** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Estimated Project Duration** | **Total No of Months**  |  |