

APPLICATION FORM

Corrigendum to the

Call to establish

4-YEAR FRAMEWORK PARTNERSHIP AGREEMENTS

To implement CEPOL training activities and learning products in 2021-2024

Deadline: 14 September 2020

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CHECI	K-LIST			
Please use the TAB-key on your keyboard to r in the upper left corner of the input field to enter	•	between the	input fields, or cli	ick
TYPE OF AF	PLICA	NT		
Law enforcement agency				
Public training institution				
Public research institute				
Public or private university, training				
centre				
Other relevant body (e.g.: Ministry of				
Interior)				
THE FOLLOWING DOCUMENTS ¹ MUST ELECTRONIC FORMAT AT GRANTS@GOTHE USE OF THE STANDARD FORMS	CEPOL.	EUROPA.E	<u>U</u>	
1. The application form, duly completed, o				
and signed by the person authorised to er				
into legally binding commitments on beha	If of			
the applicant				
2. The Legal Entity Form, dated and signe	ad by	Yes		
the applicant	od by	□ No		
the applicant				
3. The Financial Identification Form, dated	d and	Yes		
signed by the applicant		☐ No		
4. A copy of the resolution, law, decree or		Yes		
decision establishing the entity in question	n or,	☐ No		
failing that, any other official document				
attesting the establishment of the entity				

5. Declaration of honour in relation to

criteria (both on financial capacity and operational capacity)

6. Declaration of honour in relation to selection

Exclusion criteria

Yes

Yes

No

No

¹ The documents are to be numbered as indicated in this check-list.

1. INFORMATION REGARDING THE APPLICANT

1.3.3.

1.3.4.

Town / city:

A to $J \dots$ K to $Z \dots$

Country: Country:

1.1 <u>Iden</u>	tity of the applicant (not a private person)
1.1.1.	Full legal name (in original language):
1.1.2.	Short name (where applicable):
1.1.3.	Organisation name in English:
1.1.4.	Registration number (where applicable):
1.1.5	Legal status: Public body
1.1.6.	VAT number:
1.2 <u>Auth</u>	norised signatory legally representing the organisation
1.2.1	Title:
1.2.2	Family name:
1.2.3.	First name:
1.2.4.	Position:
1.3 <u>Add</u>	ress (of registered office – address for contact)
1.3.1.	Street, number :

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1.4	Contact	address	for	the	Agency	(address	for	correspond	lence,
	including	g invitatio	ns to	sub	mit prop	osals for ir	ndivi	dual actions	to be
	carried c	out under	the f	rame	work par	tnership)			

1.4.2.	Postal code:			
1.4.3.	Town / city:			
1.4.4.	Country: Country:			
1.4.5.	Telephone:	+	()
1.4.6.	Email:			
1.5 <u>Auth</u>	orised conta	ict person	<u>.</u>	
1.5.1.	Title:			
1.5.2.	Family name	: :		

Direct Telephone + ()

Street, number

2. AREAS OF ACTIVITIES

First name:

Position:

Email:

1.4.1.

1.5.3.

1.5.4.

1.5.5.

1.5.6.

All training activities and learning products in the CEPOL training portfolio as defined in the Single Programming Document.

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3. QUALITY OF THE APPLICATION (AWARD CRITERIA)

3.1 EU-level Training expertise and resources

3.1.1 On which of the following priority topics (in alphabetical order) do you expect that that your academy/ agency/ institution will be able to organise CEPOL training activities in the coming 4 years:

CBRNE materials and techniques (chemical, biological, radiological, nuclear and explosives)	
Common Security and Defence Policy (CSDP) Missions	
Corruption	
Counterfeit goods/IPR infringements/Pharmaceutical crime	
Counter-terrorism, foreign fighters, radicalisation and extremism	
Criminal Finances and Money Laundering	
Cyber-crime, Cyber-security, Cyber-investigation techniques, Digital Forensics	
Dismantling of Illicit Laboratories	
Document Fraud	
Drug Crimes	
Environmental crime	
Excise fraud	
Facilitated Illegal Immigration	
Firearms smuggling	
Fundamental rights and Hate crime	
Judicial Investigations, including converting intelligence into viable evidence for use in courts	
Language development	
Law Enforcement Cooperation, Information Exchange and Interoperability	
Law enforcement organisation development	
Law enforcement research and science	
Law enforcement technologies, Forensics and Other Specific Areas	
Leadership	

Learning and training: trainir	ng design and delivery			
Missing Trader Intra Community (MTIC) fraud				
Organised property crime				
Protection of vulnerable pers	sons (smuggled migrants, THB victims,			
Public order and Crime Prev	vention			
Secure Communications				
Trafficking and Illicit Use of I	Firearms			
Trafficking in Human Beings	3			
Trafficking of Cultural Herita	ge			
Other (please specify):				
Other (please specify):				
Other (please specify):				
Other (please specify):				
	the next 4 years (2021-2024) you plan to expertise to design and implement EU-lev	•		
FUNCTION PROFILE				
_				
.2 Learning Environment				
3.2.1 Please indicate what your academy/agency/institution, will be able to offer, in the coming 4 years (2021-2024), on the level of hosting CEPOL's training activities:				
 ☐ host the entire residential activity in own premises ☐ host the training but not accommodate the participants ☐ organise the entire training activity in a hotel 				

4.	Other comments (optional)
3.3.1	Please indicate for which number of CEPOL training activities per year would you have the capacity in the coming 4 years (2021-2024):
3.3 C	apacity
E	Large conference room (i.e. minimum capacity for 30 persons) Break-out rooms Computer room Technical equipment (microphones, projector etc.) Technical support staff Internet connection (external) Other training material (flip charts, pens, whiteboard etc.) Area for intervals (inside/outside, smoking area)
3.2.2	Please indicate what, in the coming 4 years (2021-2024) your academy/ agency/institution will be able to offer with regard to the learning environment:

The applicant may add in this section information that the applicant considers as important to bring to the attention of CEPOL (e.g. clarifications in relation to the documents submitted). This is meant to be a succinct explanatory text.

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a).	DEGLARATION	OF THE AFFL	LICANT ORGANISATION	JIN

The information provided in this application as well as all annexes is true and verifiable.

Authorised signatory of the applicant organisation:

Title:	
First name and family	
name:	
Position in the applicant	
organisation:	
Date:	
Signature:	