|  |  |
| --- | --- |
| Logo of the European Commission | EUROPEAN COMMISSION  DIRECTORATE-GENERAL  TAXATION AND CUSTOMS UNION |

Call for proposals “European Tax Observatory”

TAXUD/2022/CFP-01Submission form

Before filling in this form, please read carefully the relevant call for proposals, the guide for applicants and any other reference documents related to this grants programme available on our site: <https://ec.europa.eu/taxation_customs/calls-tenders-grants-calls-expression-interest_en>

Please make sure that your application:

* is submitted on the correct form, completed in full and dated;
* is signed by the person authorised to enter into legally binding commitments on behalf of the applicant;
* presents a budget in conformity with the funding rules;
* meets the submission arrangements set out in the call;
* is submitted by the deadline.

The evaluation committee or, where appropriate, the authorising officer responsible may ask an applicant to provide additional information or to clarify the supporting documents submitted in connection with the application, provided that such information or clarification does not substantially change the proposal.

By submitting an application the applicant accepts that in case of award certain data like the name, locality and amount (amongst others) will be published.

No information will be published for scholarships aid to natural persons and other direct support paid to natural persons in most need.

# Information on the proposal

|  |  |
| --- | --- |
| **Call for proposals TAXUD/2022/CF-01 – European Tax Observatory** | |
| **Title of the actions:** |  |
| **Acronym (if applicable)** |  |
| **Name of the coordinator (lead applicant):** |  |
| **Name of applicant 1** |  |
| **Name of applicant 2** |  |
| **Name of applicant 3** |  |
| **Name of applicant 4** |  |
| **Name of applicant 5** | **(insert as many rows as required to include all applicants)** |
| **Affiliated entities and linked applicants** | **(insert all affiliated entities and their respective linked applicants)** |
| **Summary of the action (not exceeding 500 words):** | |
|  | |
| **Duration (in months):** |  |
| **Requested grant (in €):** |  |

# Information on the applicants

## Coordinator (lead applicant)

|  |  |
| --- | --- |
| **A - Identification of the coordinator** | |
| Official name in full: |  |
| Acronym: (*if applicable)* |  |
| Official legal form:  *(not applicable if the applicant is a natural person)* |  |
| Legal personality: *(please reply by YES or NO)* |  |
| Representative empowered to take part in court proceedings on the behalf of entities without legal personality: |  |
| Place of establishment or registration: *(full address and country)* |  |
| Legal registration number: *(legal entities only, not applicable for public bodies)* |  |
| Number of identity card or passport: *(natural persons only)* |  |
| VAT number *(if applicable)*: |  |
| Year of foundation/establishment: |  |
| Legal status *(tick one or several options)* | 🞏 non-profit organisation (private)  🞏 non-profit organisation (public)  🞏 profit-making entity  🞏 public authority (national, regional, local)  🞏 international organisation  🞏 university  🞏 educational institution  🞏 research centre  🞏 SME (if profit-making entity)  🞏 other (please specify): |
| Provide a short description of the entity, where appropriate include information on membership |  |
| Number of staff members: | Full-time: Part-time: Other forms of contract: |

|  |  |
| --- | --- |
| **B – Contact details of the coordinator** | |
| Address: |  |
| City: |  |
| Postal code: |  |
| Country: |  |
| Telephone *(fixed line)*: |  |
| Telephone *(mobile)*: |  |
| E-mail address: |  |
| Website: |  |
| **C – Contact details of the person responsible for the proposal** | |
| First name: |  |
| Surname: |  |
| Position/Function: |  |
| Telephone *(fixed line)*: |  |
| Telephone *(mobile)*: |  |
| E-mail address: |  |
| **D – Legal representative authorised to sign the agreement** | |
| First name: |  |
| Surname: |  |
| Position/Function: |  |
| Telephone *(fixed line)*: |  |
| Telephone *(mobile)*: |  |
| E-mail address: |  |

## Applicants

Please repeat this part as often as required to include all applicants.

|  |  |
| --- | --- |
| **A - Identification of applicant no [*insert applicant number*]** | |
| Official name in full: |  |
| Acronym: *(if applicable)* |  |
| Official legal form:  *(not applicable if the applicant is a natural person)* |  |
| Legal personality: *(please reply by YES or NO)* |  |
| Representative empowered to take part in court proceedings on the behalf of entities without legal personality: |  |
| Place of establishment or registration: *(full address and country)* |  |
| Legal registration number: *(legal entities only, not applicable for public bodies)* |  |
| Number of identity card or passport: *(natural persons only)* |  |
| VAT number *(if applicable)*: |  |
| Year of foundation/establishment: |  |
| Legal status *(tick one or several options)* | 🞏 non-profit organisation (private)  🞏 non-profit organisation (public)  🞏 profit-making entity  🞏 public authority (national, regional, local)  🞏 international organisation  🞏 university  🞏 educational institution  🞏 research centre  🞏 SME (if profit-making entity)  🞏 other (please specify): |
| Provide a short description of the entity, where appropriate include information on membership |  |
| Number of staff members: | Full-time: Part-time: Other forms of contract: |

|  |  |
| --- | --- |
| **B – Contact details of the applicant** | |
| Address: |  |
| City: |  |
| Postal code: |  |
| Country: |  |
| Telephone *(fixed line)*: |  |
| Telephone *(mobile)*: |  |
| E-mail address: |  |
| Website: |  |
| **C – Legal representative authorised to sign the agreement** | |
| First name: |  |
| Surname: |  |
| Position/Function: |  |
| Telephone *(fixed line)*: |  |
| Telephone *(mobile)*: |  |
| E-mail address: |  |

## Affiliated entities

Please repeat this part as often as required to include all applicants.

|  |  |
| --- | --- |
| **A - Identification of an affiliated entity** | |
| Official name in full: |  |
| Acronym: *(if applicable)* |  |
| Affiliated to:  *(insert name of coordinator or applicant to which this entity is affiliated to)* |  |
| Official legal form:  *(not applicable if the applicant is a natural person)* |  |
| Legal personality: *(please reply by YES or NO)* |  |
| Representative empowered to take part in court proceedings on the behalf of entities without legal personality: |  |
| Place of establishment or registration: *(full address and country)* |  |
| Legal registration number: *(legal entities only, not applicable for public bodies)* |  |
| VAT number *(if applicable)*: |  |
| Year of foundation/establishment: |  |
| Legal or capital link with the applicant: *(Provide a short description of the legal or capital link with the applicant)* |  |
| Number of staff members: | Full-time: Part-time: Other forms of contract: |

# Bank details

Please see part B of the guide for applicants for the supporting documents required.

# Information on the governance of applicants

## Coordinator (lead applicant)

|  |  |
| --- | --- |
| **A – Coordinator’s structure**  List the organisations and/or natural persons holding capital or shares in your entity, where appropriate specifying the proportion held (insert rows where necessary) | |
| Organisation/natural person | Proportion held |
|  |  |
|  |  |
|  |  |
| **B – Coordinator’s management**  List the members of the coordinator’s administrative board or equivalent body, specifying their profession and position (insert rows where necessary) | |
| Member’s | Profession/position |
|  |  |
|  |  |
|  |  |

## Applicants

|  |  |
| --- | --- |
| **A – Applicant’s structure**  List the organisations and/or natural persons holding capital or shares in your entity, where appropriate specifying the proportion held (insert rows where necessary) | |
| Organisation/natural person | Proportion held |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **B – Applicant’s management**  List the members of the coordinator’s administrative board or equivalent body, specifying their profession and position (insert rows where necessary) | |
| Member’s | Profession/position |
|  |  |
|  |  |
|  |  |

# Exclusion of applicants

Please see part B of the guide for applicants for the supporting documents required.

# Financial and operational capacity of applicants

## Financial capacity

### Proof of financial capacity

Please see part B of the guide for applicants for the supporting documents required.

### Basic financial information

**Only to be filled in if the supporting documents listed in part B of the guide for applicants linked to point 6.1.1. above are not available.**

|  |  |  |
| --- | --- | --- |
| The applicant must show that it has sufficient and stable sources of funding to carry out the action throughout the entire period for which the action is planned and to participate in its funding. The indicators refer to the last two financial years for which accounts have been closed. | | |
|  | **Year N[[1]](#footnote-1)** | **Year N-1** |
| **Turnover or equivalent** |  |  |
| **Gross operating profit** |  |  |
| **Total liabilities** |  |  |
| **Equity or equivalent** |  |  |
| **Current asset** |  |  |
| **Short-term debt (< 1 year)** |  |  |
| **Total payroll** |  |  |
| **Totals:** |  |  |

### Guarantees granted by third parties

Table to be completed only if a third party provides a guarantee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the guarantee | Name of the guarantor | Type of guarantee | Duration | Amount or coverage |
|  |  |  |  |  |
|  |  |  |  |  |

### Union grants

Table to be completed by the coordinator and each applicant organisation (including affiliated entities) ONLY if the respective organisation was or is a beneficiary of a Union grant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Year of award | Duration | Title of the action | Funding DG or Agency | Programme | Grant amount |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Operational capacity

### Experience of the applicant organisations in the policy field of this call for proposals

Please see part B of the guide for applicants for the supporting documents required.

### Qualifications and experience of staff members in the policy field of this call for proposals

Please see part B of the guide for applicants for the supporting documents required.

# Estimated budget of the action

Applicants are kindly reminded to complete the budget forms available on the website of the call for proposals. Instructions for completing these forms, the eligibility of cost and cost categories can be found the AGA – Annotated Grant Agreement <https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/aga_en.pdf>.

# Information on data processing by the European Commission

If processing your reply to the call for proposals involves the recording and processing of personal data (such as your name, address and CV), such data will be processed pursuant to Regulation (EU) 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC.

Unless indicated otherwise, any personal data requested are required to evaluate your application in accordance with the call for proposals and will be processed solely for that purpose by Unit TAXUD-D.4 Economic analysis, evaluation and impact assessment support. Details concerning the processing of your personal data are available on the privacy statement at: <http://ec.europa.eu/budget/library/explained/management/protecting/privacy_statement_edes_en.pdf>.

Your personal data may be registered in the Early Detection and Exclusion System (EDES) if you are in one of the situations mentioned in Article 136 of the Financial Regulation. For more information, see the Privacy Statement on <http://ec.europa.eu/budget/library/explained/management/protecting/privacy_statement_edes_en.pdf>

1. Year N is to be considered the last year for which the accounts have been closed. Correspondingly, N -1 refers to the preceding year. [↑](#footnote-ref-1)