



LIFE+ Environment Policy and Governance

2011 TECHNICAL APPLICATION FORMS

Part A – administrative information

Version 2



FOR ADMINISTRATION USE ONLY

LIFE+11 ENV//IT/

LIFE+ Environment Policy and Governance project application

Language of the proposal:

Project title: (max. 120 characters)

Project acronym: (max. 25 characters)

The project will be implemented in the following Member State(s):

| Name of the Member State | Name of the Region | - | + |
|---|---|--------------------------|--------------------------|
| <input type="text" value="IT - Italy"/> | <input type="text" value="Emilia-Romagna"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Expected start date: Expected end date:

LIST OF BENEFICIARIES

Name of the **coordinating** beneficiary:
(max. 200 characters)Add associated beneficiary: Yes No

LIST OF CO-FINANCIERS

Add co-financier: Yes No

| | | | |
|--|---|--------------------------|--------------------------|
| Name of the co-financier: (max. 200 characters) | <input type="text" value="Comune di Quattro Castella"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of the co-financier: (max. 200 characters) | <input type="text" value="Comune di Bibbiano"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of the co-financier: (max. 200 characters) | <input type="text" value="Comune di Quattro Castella"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of the co-financier: (max. 200 characters) | <input type="text" value="Comune di San Polo d'Enza"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROJECT BUDGET AND REQUESTED EU FUNDING

Total project budget: €Total eligible project budget: €EU financial contribution requested: € (= % of total eligible budget)

PROJECT POLICY AREA

You can only tick one of the following options:

- | | | |
|---|---|--|
| <input type="checkbox"/> Climate Change | <input type="checkbox"/> Urban environment | <input type="checkbox"/> Waste and natural resources |
| <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Noise | <input type="checkbox"/> Forests |
| <input type="checkbox"/> Air | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Innovation |
| <input type="checkbox"/> Soil | <input type="checkbox"/> Environment and Health | <input type="checkbox"/> Strategic approaches |

**LIFE+ Environment Policy and Governance 2011- A2
COORDINATING BENEFICIARY PROFILE**

| Coordinating Beneficiary Profile Information | | | |
|--|---|--|--------------|
| Legal Name | Regione Emilia-Romagna | | |
| Short Name <small>(max. 10 characters)</small> | RER | Legal Status Public body <input checked="" type="checkbox"/> Private commercial <input type="checkbox"/> Private non- commercial <input type="checkbox"/> | |
| VAT No | 80062590379 | | |
| Legal Registration No | | | |
| Registration Date | | | |
| Legal address of the Coordinating Beneficiary | | | |
| Street Name and No <small>(max. 100 characters)</small> | VIALE ALDO MORO, 52 | | |
| Town/ City | BOLOGNA | | |
| Post Code | 40127 | PO Box | |
| Member State | IT - Italy | | |
| Coordinating Beneficiary contact person information | | | |
| Title | Dr. | Function | responsabile |
| Surname | RICCIARDELLI | | |
| First Name | FRANCA | | |
| E-mail address | fricciardelli@regione.emilia-romagna.it | | |
| Department / Service <small>(max. 200 characters)</small> | Servizio Difesa del Suolo, della Costa e Bonifica | | |
| Street Name and No | Viale della Fiera 8 | | |
| Post Code | 40127 | PO Box | |
| Town/ City | BOLOGNA | | |
| Member State | IT - Italy | | |
| Telephone No | 051527688 | Fax No | 0515276941 |
| Website of the Coordinating Beneficiary | | | |
| Website | www.regione.emilia-romagna.it/ | | |
| Brief description of the Coordinating Beneficiary's activities and experience in the area of the proposal <small>(max. 2.000 characters)</small> | | | |
| <p>La Regione Emilia-Romagna è impegnata da diversi anni sul tema della riqualificazione dei corsi d'acqua naturali ed artificiali, intesa come forma di gestione integrata dei corsi d'acqua che assicura al miglior livello possibile la sicurezza territoriale e la qualità ambientale (qualità delle acque, conservazione della risorsa e qualità della regione fluviale) senza trascurare gli usi fruitivi e produttivi.</p> <p>A tal fine ha sviluppato diverse azioni concrete: il miglioramento della professionalità del proprio personale tecnico (con la collaborazione del Centro Italiano di Riqualificazione Fluviale – CIRF), l'emanazione di indirizzi e linee guida da seguire nell'esecuzione dei lavori, la modulazione degli interventi di propria competenza secondo l'approccio della riqualificazione fluviale.</p> <p>L'Amministrazione regionale si è impegnata anche a diffondere al massimo grado ed a tutti i livelli l'informazione in materia, sia organizzando convegni di divulgazione pubblica e workshop di informazione e confronto con gli Enti a vario titolo competenti in materia nonché con il sistema dei portatori di interesse, sia strutturando al proprio interno momenti e sedi permanenti di formazione ed informazione.</p> <p>La Regione Emilia-Romagna, inoltre, in collaborazione con i Consorzi di bonifica, ha realizzato nel 2003 il Progetto LIFE ECONET per lo sviluppo di forme di gestione sostenibile di canali di bonifica, sui cui risultati sono state formulate le Linee guida regionali per la riqualificazione ambientale dei canali di bonifica.</p> | | | |

La Regione Emilia-Romagna, attraverso la propria Direzione generale Ambiente, Difesa del suolo e della costa, in termini più generali, ha sviluppato una lunga esperienza in progetti comunitari nel settore dell'uso, gestione, conservazione e rigenerazione della risorsa acqua, essendosi coinvolta in 33 progetti come capofila e in 102 come partner.

Tra i più recenti si citano:

- PlanCoast - Interreg III B CADSES;
- Beachmed - Interreg III C South
- Cadsealand – I

| |
|---|
| COORDINATING BENEFICIARY DECLARATION |
|---|

The undersigned hereby certifies that:

1. The specific actions listed in this proposal do not and will not receive aid from the Structural Funds or other European Union financial instruments. In the event that any such funding will be made available after the submission of the proposal or during the implementation of the project, my organisation will immediately inform the European Commission.

2. My organisation

Regione Emilia-Romagna

has not been served with bankruptcy orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 93.1 and 94 of Council Regulation 1605/2002 of 25/06/2002 (OJ L248 of 16/09/2002).

3. My organisation (which is legally registered in the European Union) will contribute

500,000 € to the project.

My organisation will participate in the implementation of the following actions:

A.1, B.1, C.1, D.1, E.1, D.4, A.2, B.2, B.9, C.2, D.2, D.3, E.2, B.3, B.4, B.5, B.6, B.7, B.8

The estimated total cost of my organisation's part in the implementation of the project is

1,199,250 €

4. Should one or more associated beneficiary or co-financier reduce or withdraw its financial contribution, my organisation will ensure that a corresponding additional contribution is made available.

5. My organisation will conclude with the associated beneficiaries and co-financiers any agreements necessary for the completion of the work, provided these do not infringe on their obligations, as stated in the grant agreement with the European Commission. Such agreements will be based on the model proposed by the European Commission. They will describe clearly the tasks to be performed by each associated beneficiary and define the financial arrangements.

6. I am aware that my organisation is solely legally and financially responsible to the Commission for the implementation of the project (Article 4 of the Common Provisions).

I am legally authorised to sign this statement on behalf of my organisation.

I have read in full the Common Provisions (attached to the Model Grant Agreement provided with the LIFE+ application files).

I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At BOLOGNA

on 08-05-2012

Signature of the Coordinating Beneficiary:

Name(s) and status of signatory Giuseppe Bortone General Director

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COORDINATING BENEFICIARY DECLARATION

The undersigned hereby certifies that:

1. The specific actions listed in this proposal do not and will not receive aid from the Structural Funds or other European Union financial instruments. In the event that any such funding will be made available after the submission of the proposal or during the implementation of the project, my organisation will immediately inform the European Commission.
2. My organisation

Regione Emilia-Romagna

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500,000

 € to the project.
 My organisation will participate in the implementation of the following actions:

A.1, B.1, C.1, D.1, E.1, A.2, B.2, B.9, C.2, D.2, D.3, D.4, E.2, B.3, B.4, B.5, B.6, B.7, B.8

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 €
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5. My organisation will conclude with the associated beneficiaries and co-financiers any agreements necessary for the completion of the work, provided these do not infringe on their obligations, as stated in the grant agreement with the European Commission. Such agreements will be based on the model proposed by the European Commission. They will describe clearly the tasks to be performed by each associated beneficiary and define the financial arrangements.
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I have read in full the Common Provisions (attached to the Model Grant Agreement provided with the LIFE+ application files).

I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At BOLOGNA on 08-05-2012

Signature of the Coordinating Beneficiary:  

Name(s) and status of signatory: Giuseppe Bortone General Director

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | |
|--|-------------------------------------|
| Legal Name | Comune di Albinea |
| Short Name (max. 10 characters) | Albinea |
| Street Name and No (max. 100 characters) | Piazza Cavicchioni 8 |
| Town/City | Albinea (RE) |
| Post Code | 42020 |
| PO Box | |
| Member State | IT - Italy |
| Financial commitment | |
| We will contribute the following amount to the project: | 38,350 Euro |
| Status of the financial commitment | |
| Confirmed | <input checked="" type="checkbox"/> |
| To be confirmed | <input type="checkbox"/> |
| Comments (max. 24 lines) | |
| | |
| Signature of the authorised person | |

At on

Signature of the Co-financier:

Name(s) and status of signatory:

[Print this page](#)

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | | |
|---|-------------------------------------|--------|
| Legal Name | Comune di Albinea | |
| Short Name (max. 10 characters) | Albinea | |
| Street Name and No (max. 100 characters) | Piazza Cavicchioni 8 | |
| Town/City | Albinea (RE) | |
| Post Code | 42020 | PO Box |
| Member State | IT - Italy | |
| Financial commitment | | |
| We will contribute the following amount to the project: | 38,350 | Euro |
| Status of the financial commitment | | |
| Confirmed | <input checked="" type="checkbox"/> | |
| To be confirmed | <input type="checkbox"/> | |
| Comments (max. 24 lines) | | |
| | | |
| Signature of the authorised person | | |

At on

Signature of the Co-financier:

Name(s) and status of signatory

Clear image

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | |
|--|-------------------------------------|
| Legal Name | Comune di Bibbiano |
| Short Name (max. 10 characters) | Bibbiano |
| Street Name and No (max. 100 characters) | Piazza Damiano Chiesa 2 |
| Town/City | Bibbiano (RE) |
| Post Code | 42021 |
| PO Box | |
| Member State | IT - Italy |
| Financial commitment | |
| We will contribute the following amount to the project: | 23,576 Euro |
| Status of the financial commitment | |
| Confirmed | <input checked="" type="checkbox"/> |
| To be confirmed | <input type="checkbox"/> |
| Comments (max. 24 lines) | |
| | |
| Signature of the authorised person | |

At on

Signature of the Co-financier:

Name(s) and status of signatory:

[Print this page](#)

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | |
|---|-------------------------------------|
| Legal Name | Comune di Bibbiano |
| Short Name (max. 10 characters) | Bibbiano |
| Street Name and No (max. 100 characters) | Piazza Damiano Chiesa 2 |
| Town/City | Bibbiano (RE) |
| Post Code | 42021 |
| PO Box | |
| Member State | IT - Italy |
| Financial commitment | |
| We will contribute the following amount to the project: | 23,576 Euro |
| Status of the financial commitment | |
| Confirmed | <input checked="" type="checkbox"/> |
| To be confirmed | <input type="checkbox"/> |
| Comments (max. 24 lines) | |
| | |
| Signature of the authorised person | |

At Quattro Castelli on 2-7-2011

Signature of the Co-financier: IL SINDACO
(Dr. Sandro Venturelli)

Name(s) and status of signatory: Sandro Venturelli - Mayor



CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | | | |
|--|-------------------------------------|---------------|--|
| Legal Name | Comune di Quattro Castella | | |
| Short Name (max. 10 characters) | 4-Castella | | |
| Street Name and No (max. 100 characters) | Piazza Dante 1 | | |
| Town/City | Quattro Castella | | |
| Post Code | 42020 | PO Box | |
| Member State | IT - Italy | | |
| Financial commitment | | | |
| We will contribute the following amount to the project: | 23,576 | Euro | |
| Status of the financial commitment | | | |
| Confirmed | <input checked="" type="checkbox"/> | | |
| To be confirmed | <input type="checkbox"/> | | |
| Comments (max. 24 lines) | | | |
| | | | |
| Signature of the authorised person | | | |

At on

Signature of the Co-financier:

Name(s) and status of signatory:

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CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | | |
|--|-------------------------------------|--------|
| Legal Name | Comune di Quattro Castella | |
| Short Name <small>(max. 10 characters)</small> | 4-Castella | |
| Street Name and No <small>(max. 100 characters)</small> | Piazza Dante 1 | |
| Town/City | Quattro Castella | |
| Post Code | 42020 | PO Box |
| Member State | IT - Italy | |
| Financial commitment | | |
| We will contribute the following amount to the project: | 23.576 | Euro |
| Status of the financial commitment | | |
| Confirmed | <input checked="" type="checkbox"/> | |
| To be confirmed | <input type="checkbox"/> | |
| Comments <small>(max. 24 lines)</small> | | |
| | | |
| Signature of the authorised person | | |

At Quattro Castella

on 7-7-2011

Signature of the Co-financier:




Name(s) and status of signatory: Andrea Tagliavini - Mayor

CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | | | |
|--|-------------------------------------|---------------|--|
| Legal Name | Comune di San Polo d'Enza | | |
| Short Name (max. 10 characters) | S.Polo | | |
| Street Name and No (max. 100 characters) | Piazza IV Novembre 1 | | |
| Town/City | San Polo d'Enza (RE) | | |
| Post Code | 42020 | PO Box | |
| Member State | IT - Italy | | |
| Financial commitment | | | |
| We will contribute the following amount to the project: | 14,498 | Euro | |
| Status of the financial commitment | | | |
| Confirmed | <input checked="" type="checkbox"/> | | |
| To be confirmed | <input type="checkbox"/> | | |
| Comments (max. 24 lines) | | | |
| | | | |
| Signature of the authorised person | | | |

At on

Signature of the Co-financier:

Name(s) and status of signatory:

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CO-FINANCIER PROFILE AND COMMITMENT FORM (Complete for each co-financier)

| Legal Name and full address on the co-financier | | | |
|---|-------------------------------------|--------|--|
| Legal Name | Comune di San Polo d'Enza | | |
| Short Name (max. 10 characters) | S.Polo | | |
| Street Name and No (max. 100 characters) | Piazza IV Novembre 1 | | |
| Town/City | San Polo d'Enza (RE) | | |
| Post Code | 42020 | PO Box | |
| Member State | IT - Italy | | |
| Financial commitment | | | |
| We will contribute the following amount to the project: | 14,498 Euro | | |
| Status of the financial commitment | | | |
| Confirmed | <input checked="" type="checkbox"/> | | |
| To be confirmed | <input type="checkbox"/> | | |
| Comments (max. 24 lines) | | | |
| | | | |
| Signature of the authorised person | | | |

At Quattro Castella (RE) on 7-7-2011

Signature of the Co-financier: 



Name(s) and status of signatory Mirca Carletti - Mayor

OTHER PROPOSALS SUBMITTED FOR EUROPEAN UNION FUNDING

Please answer each of the following questions :

Have you or any of your associated beneficiaries already benefited from previous LIFE co-financing? (please cite LIFE project reference number, title, year, amount of the co-financing, duration, name(s) of coordinating beneficiary and/or partners involved): (max. 5.000 characters)

COAST BEST LIFE plus LIFE 08
ENV/IT/000426

ECCELSA LIFE plus LIFE 07
ENV/IT/000515

ETA-BETA LIFE plus LIFE 09
ENV/IT/000105

PROMISE LIFE plus LIFE 08
INF/IT/000312

WATACLIC LIFE plus LIFE
INF/IT/000075

AQUA LIFE plus LIFE
INF/IT/000308

Have you or any of the associated beneficiaries submitted any actions related directly or indirectly to this project to other European Union financial instruments? To whom? When and with what results? (max. 5.000 characters)

NO

For those actions which fall within the eligibility criteria for financing through other European Union financial instruments, **please explain in full detail** why you consider that those actions nevertheless do not fall within the main scope of the instrument(s) in question and are therefore included in the current project. (max. 5.000 characters)

NO

