**EU Travel Scheme**

Please complete all 3 sections as follows:

**Section 1** To be completed by the lead Applicant. Applicants from industry or other organisations should complete section 1(a). Academic applicants[[1]](#footnote-1)\* should complete section 1(b).

**Section 2** To be completed by the Co-Applicant. Applicants from industry or other organisations should complete section 2(a). Academic applicants should complete section 2(b).

**Section 3** Application details

Section 1(a): Lead Applicant Details & Declaration – Industry/Other Organisations

**Company Name:**

**Contact name and job title**:

**Business Address (Inc Postcode & County**):

**Email**:

**Office Telephone No**: **Mobile**:

**Tax Clearance Access Number & PPSN/Reference Number: (for Ireland applicants only)**

**Company Registration No: (*If available*)[[2]](#footnote-2)**

**Horizon 2020 Participant Identification Code (PIC) (*Mandatory*)**

**Principal nature of business**:

**Are you are operating as a Consultant – Yes / No**

**If yes, please provide evidence of your track record in FP7 or H2020 to date.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you new to European Funding Programmes? Yes/No**

**Have you engaged with a mainstream development agency, Northern Ireland Contact Point (NICP) or European Advisor/National Contact Point (NCP) for Ireland[[3]](#footnote-3)**

**If yes, please provide their name and email address:**

**DECLARATION:**

*An authorised officer of the Organisation* ***MUST*** *complete this Declaration*

**Please tick this box to confirm that the re-imbursement of costs being claimed from InterTradeIreland under this claim has not and will not be claimed from another source.**

**Are you already in receipt of any public funding to develop a consortium for a Horizon 2020 proposal? Yes/No**

**If you have answered Yes to the above question, please provide the name of the funding programme(s) and dates(s) funding awarded.**

**Is the company solvent**? (i.e. no distress or execution has been levied against it)

**Will the amount of the EU Travel Scheme (up to £350 or Euro equivalent) result in a breach of the De Minimus Aid regulations of €200,000 received within the past 3 years?**

**As condition of assessing funding under the InterTradeIreland Horizon 2020 EU travel scheme voucher is a requirement to complete post-project surveys.**

**Please tick this box to accept this condition**

**Please indicate who payment is to be made to.**

*All payments are made by BACS (please complete attached Bank Request Detail Form)*

**Name and Title of Authorised Officer from the Company.**

**Signature: Date:**

Section 1(b): Lead Applicant Details & Declaration – Academic Institutions

**Name and Job Title:**

**Academic Institution**:

**Address (Inc Postcode & County**):

**Email**:

**Office Telephone No**: **Mobile**:

**Horizon 2020 Participant Identification Code (PIC)**

**Principal Area of Research and expertise of the Applicant**:

**Are you new to European Funding Programmes? Yes/No**

**Have you engaged with a mainstream development agency, Northern Ireland Contact Point (NICP) or European Advisor/National Contact Point (NCP) for Ireland[[4]](#footnote-4)**

**If yes, please provide their name and email address:**

**DECLARATION:**

*An authorised officer of the Institution* ***MUST*** *complete this Declaration*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick this box to confirm that the re-imbursement of costs being claimed from InterTradeIreland under this claim has not and will not be claimed from another source.**

**Are you already in receipt of any public funding to develop a consortium for a Horizon 2020 proposal? Yes/No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have answered Yes to the above question please provide the name of the funding programme(s) and dates(s) funding awarded.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**As condition of assessing funding under the InterTradeIreland Horizon 2020 EU travel scheme voucher is a requirement to complete post-project surveys.**

**Please tick this box to accept this condition**

**Please indicate who payment is to be made to (e.g.Institution/Academic)**

*All payments are made by BACS (please complete attached Bank Request Detail Form)*

**Name and Title of Authorised Officer with signature and or stamp from the Institution and DATE.**

**Signature Date**

Section 2(a): Co- Applicant Details & Declaration - Industry/Other Organisations

**Company Name:**

**Contact name and job title**:

**Business Address (Inc Postcode & County**):

**Email**:

**Office Telephone No**: **Mobile**:

**Tax Clearance Access Number & PPSN/Reference Number: (for Ireland applicants only)**

**Company Registration No: (*If available*)[[5]](#footnote-5)**

**Horizon 2020 Participant Identification Code (PIC) (*Mandatory*)**

**Principal nature of business**:

**Are you are operating as a Consultant – Yes / No**

**If yes, please provide evidence of your track record in FP7 or H2020 to date.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you new to European Funding Programmes? Yes/No**

**Have you engaged with a mainstream development agency, Northern Ireland Contact Point (NICP) or European Advisor/National Contact Point (NCP) for Ireland[[6]](#footnote-6)**

**If yes, please provide their name and email address:**

**DECLARATION:**

*An authorised officer of the Organisation* ***MUST*** *complete this Declaration*

**Please tick this box to confirm that the re-imbursement of costs being claimed from InterTradeIreland under this claim has not and will not be claimed from another source.**

**Are you already in receipt of any public funding to develop a consortium for a Horizon 2020 proposal? Yes/No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have answered Yes to the above question please provide the name of the funding programme(s) and dates(s) funding awarded.**

**Is the company solvent**? (i.e. no distress or execution has been levied against it)

**Will the amount of the EU Travel Scheme (up to £350 or Euro equivalent) result in a breach of the De Minimus Aid regulations of €200,000 received within the past 3 years?**

**As condition of assessing funding under the InterTradeIreland Horizon 2020 EU travel scheme voucher is a requirement to complete post-project surveys.**

**Please tick this box to accept this condition**

**Please indicate who payment is to be made to.**

*All payments are made by BACS (please complete attached Bank Request Detail Form)*

**Name and Title of Authorised Officer from the Company.**

**Signature: Date:**

Section 2(b): Co- Applicant Details & Declaration – Academic Institutions

**Name and Job Title:**

**Academic Institution**:

**Address (Inc Postcode & County**):

**Email**:

**Office Telephone No**: **Mobile**:

**Horizon 2020 Participant Identification Code (PIC)**

**Principal Area of Research and expertise of the Applicant**:

**Are you new to European Funding Programmes? Yes/No**

**Have you engaged with a mainstream development agency, Northern Ireland Contact Point (NICP) or European Advisor/National Contact Point (NCP) for Ireland[[7]](#footnote-7)**

**If yes, please provide their name and email address:**

**DECLARATION:**

*An authorised officer of the Institution* ***MUST*** *complete this Declaration*

**Please tick this box to confirm that the re-imbursement of costs being claimed from InterTradeIreland under this claim has not and will not be claimed from another source.**

**Are you already in receipt of any public funding to develop a consortium for a Horizon 2020 proposal? Yes/No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have answered Yes to the above question please provide the name of the funding programme(s) and dates(s) funding awarded.**

**As condition of assessing funding under the InterTradeIreland Horizon 2020 EU travel scheme voucher is a requirement to complete post-project surveys.**

**Please tick this box to accept this condition**

**Please indicate who payment is to be made to (e.g.Institution/Academic)**

*All payments are made by BACS (please complete attached Bank Request Detail Form)*

**Name and Title of Authorised Officer with signature and or stamp from the Institution and DATE.**

**Signature Date**

Section 3: Application Details

**PLEASE COMPLETE THIS SECTION WITH AS MUCH DETAIL AS POSSIBLE IN ORDER TO SPEED UP THE ASSESSMENT PROCESS.**

**Please provide details of the event or consortium meeting you would like to attend. Eligible events include EU Commission organised info-days or brokerage events. For non-EU Commission events a recommendation will be sought from the relevant support network contact.**

**Please provide a brief description of the project and provide the target call identifier and deadline.**

**Is this a new partnership? Or has this partnership worked together before? Detail how the North/South partnership was developed (e.g. by attending an event, from previous collaborations etc) and how this support will strengthen it.**

**Please name additional consortium members and provide a brief description of how the consortium was formed.**

**Please describe the added value to the North / South partnership of attending this event or consortium meeting?**

**In the absence of InterTradeIreland funding would the new or existing North/South partnership attend the event or consortium meeting. Yes/No**

**If yes, please outline the benefit of receiving support.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please state if this application is to support your successful North South partnership during the grant agreement phase.**

**Terms and Conditions:**

1. Applications will only be accepted where a partner from each jurisdiction has been identified.
2. Where multiple applications are made to attend a single event InterTradeIreland will use its discretion in the interest of insuring equitable distribution.
3. Applications will only be accepted from researchers or research co-ordinators working with a recognised academic institution, research organisation or research centre.
4. Applications will only be accepted from companies or organisations with a Horizon 2020 Participant Identification Code (PIC).
5. Applications where an academic applicant has a beneficial interest in the partner company will be deemed ineligible.
6. Applications where the applicant has a beneficial interest in the potential partner will be deemed ineligible.
7. Applicants are required to disclose any related party interest (e.g. family relationship) between the project partners.
8. There is a limited budget for this scheme and InterTradeIreland reserve the right to fund only those applications, which, in the opinion of InterTradeIreland best meet the objectives of the scheme. Consequently submission of applications does not guarantee success. The decision to award support through the scheme will be final and no discussions will be entered into with applicants or third parties.
9. Where a track record has not been submitted by a Consultant applying for a voucher, a recommendation in support of their application will be sought from a Horizon 2020 Contact Point.
10. An applicant may only have one ‘active’ Voucher at any point in time.
11. The InterTradeIreland collaboration vouchers are non-transferable.
12. InterTradeIreland will reimburse up to £350 or the Euro equivalent including VAT to each partner to cover costs of accommodation and travel. Where air travel is required to reach the destination of the event/meeting return economy class costs will be considered. No subsistence will be covered by this voucher. Any additional costs must be covered by the applicant. Mileage will be reimbursed at the InterTradeIreland approved rate of £0.45 (45 pence) **per mile** or € equivalent.
13. Applications for travel must be submitted to InterTradeIreland at least 10 working days in advance of the event or meeting date. Applications received after this will not be considered.
14. Applicants must submit any claims within six weeks from the date of the event/meeting and must use the Expenses Claim form provided. Applicants must also submit a feedback form and a report (template will be provided) before reimbursement is paid.
15. All travel and accommodation claims must relate solely to the activity and the partner(s) as stated in your application.
16. In no circumstances shall InterTradeIreland be liable in contract, tort (including negligence) or otherwise howsoever and whatever the cause thereof for any costs or expenses of the Applicant(s) other than those payable by InterTradeIreland pursuant to the award letter. It is the responsibility of the parties to the project to have adequate and appropriate insurances in respect of all insurable risks.
17. Applicants availing of this Voucher are obliged to assist and co-operate with InterTradeIreland in the ongoing monitoring of the outcomes of the support provided.
18. The Applicant shall ensure that all actions undertaken in relation to the Project comply with all domestic laws, statutes, regulations and the requirements of any governmental or regulatory authority applicable during the term of the Project including, without limitation, equal opportunities, fair employment, working conditions, health and safety and data protection legislation.
19. InterTradeIreland reserves the right to terminate the Voucher at anytime if it is determined by InterTradeIreland or its representatives that the work is not being undertaken to a satisfactory standard or funds are not applied towards the agreed project activity. Failure to comply with any elements of these terms and conditions may result in InterTradeIreland reclaiming the assistance given under it from the Researcher.
20. Successful applicants will be required to submit a feedback form and a report (template will be provided) before reimbursement is paid.

**In order to progress your application InterTradeIreland will be required to hold and process some of your personal data and we have detailed policies in place to do so.**

**You can find our Privacy policy and Data Retention Policy on our website *intertradeireland.com***

**Please tick that you agree to InterTradeIreland holding and processing your data for business purposes in line with our data policies.**

**Please tick here if you would like to receive our Ezine to update you about our business supports, free events and news that may interest you.**

WHAT HAPPENS NEXT

Send this completed form either by email or post to:

[anne.mcminn@intertradeireland.com](mailto:anne.mcminn@intertradeireland.com)

or by post to:

FAO: Anne McMinn

Strategy & Policy Department

InterTradeIreland

The Old Gasworks Business Park

Kilmorey Street

Newry

Co Down, BT34 2DE

InterTradeIreland will assess your application and if approved an award letter will be issued.

**BANK DETAIL FORM**

**NB: For audit purposes, we must have your bank details presented on headed paper and signed by a director or person in authority**

|  |  |
| --- | --- |
| Organisation or Applicant Name |  |
| Reference |  |
| Bank Name |  |
| Bank Address |  |
| Bank Postcode |  |
| Account Name |  |
| Sort Code |  |
| Account Number |  |
| Iban |  |
| BIC/SWIFT |  |
| E-Mail Address |  |
| Payment Currency  e.g. Sterling or Euros |  |
| If Euro please confirm the account specified will accept payments in Euro | □ Confirmed □ To check |

**YOUR DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Signature |  | Date |  |

**SHOULD THE ABOVE BANK DETAILS CHANGE PLEASE NOTIFY US IMMEDIATELY**

1. \* These include researchers or research co-ordinators working within a recognised academic institution, research organisation or research centre. [↑](#footnote-ref-1)
2. Company registration numbers may be checked on the Companies House webcheck website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk) or with the Company Registration Office at [www.cro.ie](http://www.cro.ie)

   OFFICE USE ONLY – PIC CODE CHECK 🞏 [↑](#footnote-ref-2)
3. *InterTradeIreland is working closely with the National Support Network in Ireland and the Northern Ireland Contact Point Network to maximise the opportunities for North South collaboration in Horizon 2020.  By completing and returning this form you agree that this information can be confidentially shared within the network for the purposes of achieving this objective.* [↑](#footnote-ref-3)
4. *InterTradeIreland is working closely with the National Support Network in Ireland and the Northern Ireland Contact Point Network to maximise the opportunities for North South collaboration in Horizon 2020.  By completing and returning this form you agree that this information can be confidentially shared within the network for the purposes of achieving this objective.* [↑](#footnote-ref-4)
5. Company registration numbers may be checked on the Companies House webcheck website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk) or with the Company Registration Office at [www.cro.ie](http://www.cro.ie) [↑](#footnote-ref-5)
6. *InterTradeIreland is working closely with the National Support Network in Ireland and the Northern Ireland Contact Point Network to maximise the opportunities for North South collaboration in Horizon 2020.  By completing and returning this form you agree that this information can be confidentially shared within the network for the purposes of achieving this objective.* [↑](#footnote-ref-6)
7. *InterTradeIreland is working closely with the National Support Network in Ireland and the Northern Ireland Contact Point Network to maximise the opportunities for North South collaboration in Horizon 2020.  By completing and returning this form you agree that this information can be confidentially shared within the network for the purposes of achieving this objective.* [↑](#footnote-ref-7)