



**PREPARATORY TECHNICAL SUPPORT - INFORMATION TEMPLATE**

**N.B.** This template is **not a formal application for grant support**, it is to be used to provide information to the Managing Authorities and National Rural Network Support Units of the applicant LAG and LAGs in other regions about potential Cooperation projects.

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| **Working Title of proposed project** |
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| **Contact Details for Local Action Group submitting this template** | |
| Name of Local Action Group (LAG): |  |
| Name of Chairperson: |  |
| Name of main contact for this form: |  |
| E-mail address: |  |
| Telephone number: |  |
| Postal address: |  |

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| **Description of the Preparatory Technical Support project** |
| 1. **Brief description of the potential project for which Preparatory Technical Support is being sought.** (around 250 words). This should include how the project links in with the priorities in your LDS and other relevant priorities and a timetable for the work. |
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| 1. **Who has been identified as potential partner(s)\* and what value do they add to the potential project?** (\*please identify by region/country) |
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| 1. **What networking activity has already taken place with this/these potential partner(s) in association with this potential project?** Attach evidence (e.g. copies of e-mails or minutes of meetings). Please summarise the outcomes and progress to date. |
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| 1. **(i) What do you expect preparatory support to achieve and (ii) what are the desired outcomes for the Local Action Group area from the potential Co-operation project?** |
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| 1. **Explain why the proposed project is likely to be achievable if undertaken as a joint Cooperation action as opposed to a regular project?** |
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| **Partners** | | |
| **Does the LAG see the opportunity to involve other partners?** | YES | NO |

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| **Proposed Budget for Preparatory Technical Support project** | | | | |
| **Anticipated Activities** | **Brief Description** | **Cost** (indicate either £ or €) | | |
| **Applicant LAG** | **Partner LAG(s)** | **Overall** |
| Studies / Consultancy |  |  |  |  |
| Product Development |  |  |  |  |
| Travel / Subsistence |  |  |  |  |
| Meetings / Hospitality |  |  |  |  |
| Other  *(please detail)* |  |  |  |  |
| **Total Costs** | |  |  |  |

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| **Local Action Group Decision** | | |
| **Recommended to proceed:** | **YES** | **NO** |
| **Comments:** | | |
| **Name:**  **(LAG Chair of Assessment Panel)** | | |
| **Signature:** | | |
| **Date:** | | |