



## KA2 - Cooperation for innovation and the exchange of good practices

### Before you begin completing this eForm:

- Test your connection to the Agency's online submission service. Click on the 'Test your connection' button in the footer of the eForm. This is not to submit your form but merely to test that your software settings and internet connection allow an application to be submitted. If having clicked on this button, you do not receive a confirmation that your connection was successful, please consult the 'Known Issues' section of the eForm homepage. Here you can find, amongst other things, advice on internet settings and Adobe (Reader or Acrobat) security settings, either of which can prevent a successful connection to the Agency's online submission service. Please note that, if after performing a successful test, you move your eForm to a different computer or upgrade your version of Adobe Reader, you will need to perform the test again. This is because the original test result will no longer be valid. For a fuller description of how the 'Test your connection' function works please consult the eForm User Guide.

- Check that you have the latest available version of the eForm. In the event of a significant eForm problem arising, the Agency may decide to make available an updated i.e. corrected version of the eForm. The latest version number of each eForm is displayed on the eForm homepage whilst specific details of any problem and its impact would be published on the funding opportunity webpage of the programme concerned.

These resources and other useful links can be found in a table located at the end of this eForm.

[Click to access table.](#)

Programme :

Erasmus+

Key action :

Cooperation and Innovation for Good Practices (KA2)

Action :

Knowledge Alliances for higher education

Action type :

Knowledge Alliances for Higher Education

Calls for proposals :

EAC-A02-2019-KA

Deadline for submission :

26/02/2020

17:00 hrs (Brussels time)

Project title \* :

Systematic Innovation Methodology

Project acronym \* :

SIM

Language used to complete the form \* :

English



## List of participating organisations

Partner no	PIC	Role	Organisation Name	City	Country
P1	999854564	Applicant Organisation	UNIVERSITAET LEIPZIG	LEIPZIG	Germany
P2	998731110	Partner Organisation	INSTITUT NATIONAL DES SCIENCES APPLIQUEES, STRASBOURG	Strasbourg	France
P3	961360405	Partner Organisation	HOCHSCHULE OFFENBURG	OFFENBURG	Germany
P4	999873091	Partner Organisation	VYSOKE UCENI TECHNICKE V BRNE	BRNO STRED	Czech Republic
P5	999897244	Partner Organisation	UNIVERSITATEA TEHNICA CLUJ-NAPOCA	CLUJ NAPOCA	Romania
P6	999591209	Partner Organisation	LAPPEENRANNAN-LAHDEN TEKNILLINEN YLIOPISTO LUT	LAPPEENRANTA	Finland
P7	947177744	Partner Organisation	HTBLA Wolfsberg	Wolfsberg	Austria
P8	946808562	Partner Organisation	SCHAEFFLER TECHNOLOGIES AG & CO. KG	HERZOGENAURACH	Germany
P9	898474238	Partner Organisation	Arxia Srl	Cluj-Napoca	Romania
P10	996553363	Partner Organisation	Tehnoprod Plast	Bistrita	Romania



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P1
Role in the application :	Applicant Organisation
PIC number :	999854564
Full name of the organisation in Latin characters :	UNIVERSITAET LEIPZIG
Business name :	ULEI
Accreditation type :	Erasmus Charter for Higher Education
Accreditation number :	29687-EPP-1-2014-1-DE-EPPKA3-ECHE
Status :	Public
Non Profit Organisation :	Yes
NGO :	No
Type of organisation * :	Higher education institution (tertiary level)
Registration date :	1999-06-11
Registration location :	Saxon Parliament
Registration country code :	DE

Submission number:  
000000000

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Go to next error

Validate form

Test your  
connection

Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

RITTERSTRASSE 26

Postcode :

04109

Town :

LEIPZIG

Cedex :

PO Box :

Country :

Germany

Region \* :

Germany Extra-Regio

Internet address :

http://www.uni-leipzig.de

Telephone 1 :

00493419730100

Telephone 2 :

Fax :

Submission number:  
000000000

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connection

**Connection test has not been performed!**



## A.2 Person responsible for the management of the application (Contact person)

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :	Postcode :	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Town * :	Cedex :	PO Box :
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Check this box if the legal representative is different from the person responsible for the management



## A.3 Person authorised to represent the organisation in legally binding agreements (legal representative)

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="RITTERSTRASSE 26"/>		<input type="text" value="04109"/>
Town * :	Cedex :	PO Box :
<input type="text" value="LEIPZIG"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="Germany"/>	<input type="text" value="Germany Extra-Regio"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>





# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P2	X
Role in the application * :	Partner Organisation	
PIC number :	998731110	
Full name of the organisation in Latin characters :	INSTITUT NATIONAL DES SCIENCES APPLIQUEES, STRASBOURG	
Business name :		
Accreditation type :	Erasmus Charter for Higher Education	
Accreditation number :	28099-EPP-1-2014-1-FR-EPPKA3-ECHE	
Status :	Public	
Non Profit Organisation :	Yes	
NGO :	No	
Type of organisation * :	Higher education institution (tertiary level)	
Registration date :	2003-01-01	
Registration location :	n/a	
Registration country code :	FR	

Submission number:  
000000000

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connection

Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

Boulevard de la Victoire 24

Postcode :

67084

Town :

Strasbourg

Cedex :

PO Box :

Country :

France

Region \* :

Extra-Regio NUTS 2

Internet address :

www.insa-strasbourg.fr

Telephone 1 :

0388144700

Telephone 2 :

Fax :

Submission number:  
000000000

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Validate form

Test your  
connection

**Connection test has not been performed!**





## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="Boulevard de la Victoire 24"/>		<input type="text" value="67084"/>
Town * :	Cedex :	PO Box :
<input type="text" value="Strasbourg"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="France"/>	<input type="text" value="Extra-Regio NUTS 2"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P3	X
Role in the application * :	Partner Organisation	
PIC number :	961360405	
Full name of the organisation in Latin characters :	HOCHSCHULE OFFENBURG	
Business name :		
Accreditation type :	Erasmus Charter for Higher Education	
Accreditation number :	29803-EPP-1-2014-1-DE-EPPKA3-ECHE	
Status :	Public	
Non Profit Organisation :	Yes	
NGO :	No	
Type of organisation * :	Higher education institution (tertiary level)	
Registration date :		
Registration location :		
Registration country code :	DE	

Submission number:  
000000000

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Validate form

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Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

BADSTRASSE 24

Postcode :

77652

Town :

OFFENBURG

Cedex :

PO Box :

Country :

Germany

Region \* :

BADEN-WÜRTTEMBERG

Internet address :

www.hs-offenburg.de

Telephone 1 :

+49 781 205 130

Telephone 2 :

Fax :

+49 781 205 333



## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="BADSTRASSE 24"/>		<input type="text" value="77652"/>
Town * :	Cedex :	PO Box :
<input type="text" value="OFFENBURG"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="Germany"/>	<input type="text" value="BADEN-WÜRTTEMBERG"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P4	X
Role in the application * :	Partner Organisation	
PIC number :	999873091	
Full name of the organisation in Latin characters :	VYSOKÉ UČENÍ TECHNICKÉ V BRNĚ	
Business name :	BRNO UNIVERSITY OF TECHNOLOGY	
Accreditation type :	Erasmus Charter for Higher Education	
Accreditation number :	49565-EPP-1-2014-1-CZ-EPPKA3-ECHE	
Status :	Public	
Non Profit Organisation :	Yes	
NGO :	No	
Type of organisation * :	Higher education institution (tertiary level)	
Registration date :	1972-01-01	
Registration location :	BRNO	
Registration country code :	CZ	

Submission number:  
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# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

ANTONINSKA 548/1

Postcode :

601 90

Town :

BRNO STRED

Cedex :

PO Box :

Country :

Czech Republic

Region \* :

Jihomoravský kraj

Internet address :

www.vutbr.cz

Telephone 1 :

00420541125120

Telephone 2 :

Fax :

00420541211140





## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :	Postcode :	
<input type="text"/>	<input type="text"/>	
ANTONINSKA 548/1	601 90	
Town * :	Cedex :	PO Box :
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRNO STRED		
Country * :	Region * :	
<input type="text"/>	<input type="text"/>	
Czech Republic	Jihomoravský kraj	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P5	X
Role in the application * :	Partner Organisation	
PIC number :	999897244	
Full name of the organisation in Latin characters :	UNIVERSITATEA TEHNICA CLUJ-NAPOCA	
Business name :	UTC	
Accreditation type :	Erasmus Charter for Higher Education	
Accreditation number :	49969-EPP-1-2014-1-RO-EPPKA3-ECHE	
Status :	Public	
Non Profit Organisation :	Yes	
NGO :	No	
Type of organisation * :	Higher education institution (tertiary level)	
Registration date :	1993-07-13	
Registration location :	CLUJ NAPOCA	
Registration country code :	RO	

Submission number:  
000000000

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Test your  
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# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

STR MEMORANDUMULUI 28

Postcode :

400114

Town :

CLUJ NAPOCA

Cedex :

PO Box :

Country :

Romania

Region \* :

Extra-Regio NUTS 2

Internet address :

http://www.utcluj.ro

Telephone 1 :

+40264202202

Telephone 2 :

+40264202209

Fax :

+40264592055



## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="STR MEMORANDUMULUI 28"/>		<input type="text" value="400114"/>
Town * :	Cedex :	PO Box :
<input type="text" value="CLUJ NAPOCA"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="Romania"/>	<input type="text" value="Extra-Regio NUTS 2"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P6	X
Role in the application * :	Partner Organisation	
PIC number :	999591209	
Full name of the organisation in Latin characters :	LAPPEENRANNAN-LAHDEN TEKNILLINEN YLIOPISTO LUT	
Business name :	LUT University	
Accreditation type :	Erasmus Charter for Higher Education	
Accreditation number :	29580-EPP-1-2014-1-FI-EPPKA3-ECHE	
Status :	Public	
Non Profit Organisation :	Yes	
NGO :	No	
Type of organisation * :	Higher education institution (tertiary level)	
Registration date :	1979-01-02	
Registration location :	N/A	
Registration country code :	FI	

Submission number:  
000000000

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Validate form

Test your  
connection

Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

YLIOPISTONKATU 34

Postcode :

53850

Town :

LAPPEENRANTA

Cedex :

PO Box :

20

Country :

Finland

Region \* :

Extra-Regio NUTS 3

Internet address :

www.lut.fi

Telephone 1 :

+358294462111

Telephone 2 :

Fax :





## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="YLIOPISTONKATU 34"/>		<input type="text" value="53850"/>
Town * :	Cedex :	PO Box :
<input type="text" value="LAPPEENRANTA"/>	<input type="text"/>	<input type="text" value="20"/>
Country * :	Region * :	
<input type="text" value="Finland"/>	<input type="text" value="Extra-Regio NUTS 3"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P7	X
Role in the application * :	Partner Organisation	
PIC number :	947177744	
Full name of the organisation in Latin characters :	HTBLA Wolfsberg	
Business name :	HTBLA Wolfsberg	
Accreditation type :		
Accreditation number :		
Status :	Public	
Non Profit Organisation :	Yes	
NGO :	No	
Type of organisation * :	School/Institute/Educational centre – Vocational Training (secondary level)	
Registration date :	1979-09-10	
Registration location :	Landesschulrat für Kärnten	
Registration country code :	AT	

Submission number:  
000000000

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Go to next error

Validate form

Test your  
connection

Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

Gartenstrasse 1

Postcode :

9400

Town :

Wolfsberg

Cedex :

PO Box :

Country :

Austria

Region \* :

Kärnten

Internet address :

www.htl-wolfsberg.at

Telephone 1 :

+43 4352 4844 0

Telephone 2 :

Fax :

+43 4352 4844 150



## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="Gartenstrasse 1"/>		<input type="text" value="9400"/>
Town * :	Cedex :	PO Box :
<input type="text" value="Wolfsberg"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="Austria"/>	<input type="text" value="Kärnten"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P8	X
Role in the application * :	Partner Organisation	
PIC number :	946808562	
Full name of the organisation in Latin characters :	SCHAEFFLER TECHNOLOGIES AG & CO. KG	
Business name :	SCHAEFFLER	
Accreditation type :		
Accreditation number :		
Status :	Private	
Non Profit Organisation :	No	
NGO :	No	
Type of organisation * :	Large enterprise	
Registration date :	2013-11-04	
Registration location :	FURTH	
Registration country code :	DE	

Submission number:  
000000000

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Go to next error

Validate form

Test your  
connection

Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

Postcode :

INDUSTRIESTR 1-3

91074

Town :

Cedex :

PO Box :

HERZOGENAURACH

Country :

Region \* :

Germany

BAYERN

Internet address :

www.schaeffler.com

Telephone 1 :

Telephone 2 :

Fax :

+499132820

Submission number:  
000000000

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Validate form

Test your  
connection

**Connection test has not been performed!**





## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="INDUSTRIESTR 1-3"/>		<input type="text" value="91074"/>
Town * :	Cedex :	PO Box :
<input type="text" value="HERZOGENAURACH"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="Germany"/>	<input type="text" value="BAYERN"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P9	X
Role in the application * :	Partner Organisation	
PIC number :	898474238	
Full name of the organisation in Latin characters :	Arxia Srl	
Business name :	Mr.	
Accreditation type :		
Accreditation number :		
Status :	Private	
Non Profit Organisation :	No	
NGO :	No	
Type of organisation * :	Small and medium sized enterprise	
Registration date :	1996-05-27	
Registration location :		
Registration country code :	RO	



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

Str Primaverii 8/262

Postcode :

400540

Town :

Cluj-Napoca

Cedex :

PO Box :

Country :

Romania

Region \* :

Nord-Vest

Internet address :

www.arxia.com

Telephone 1 :

+40744399015

Telephone 2 :

Fax :



## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :		Postcode :
<input type="text" value="Str Primaverii 8/262"/>		<input type="text" value="400540"/>
Town * :	Cedex :	PO Box :
<input type="text" value="Cluj-Napoca"/>	<input type="text"/>	<input type="text"/>
Country * :	Region * :	
<input type="text" value="Romania"/>	<input type="text" value="Nord-Vest"/>	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Part A. Identification of the applicant and other organisation(s) participating in the project

This part must be completed separately for each organisation participating in the project, after they have registered in the central database (URF-PDM)

### A.1 Organisation

Partner number :	P10	X
Role in the application * :	Partner Organisation	
PIC number :	996553363	
Full name of the organisation in Latin characters :	Tehnoprod Plast	
Business name :	TEHN	
Accreditation type :		
Accreditation number :		
Status :	Private	
Non Profit Organisation :	No	
NGO :	No	
Type of organisation * :	Small and medium sized enterprise	
Registration date :	1995-09-25	
Registration location :	Bistrita	
Registration country code :	RO	

Submission number:  
000000000

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Validate form

Test your  
connection

Connection test has not been performed!



# Erasmus+

Form version : 2.6 EN Adobe Reader version : 19.02120061

## Registered address

Street name and number :

Libertatii 1A

Postcode :

420155

Town :

Bistrita

Cedex :

PO Box :

Country :

Romania

Region \* :

Extra-Regio NUTS 2

Internet address :

www.tehnoprodplast.ro

Telephone 1 :

0040263237398

Telephone 2 :

Fax :

0040263237398





## A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department / Faculty :

Role in the organisation * :	E-mail address * :
<input type="text"/>	<input type="text"/>

☐ Check this box if the address is different from the address provided in section A.1

### Address

Street name and number * :	Postcode :	
<input type="text"/>	<input type="text"/>	
Libertatii 1A	420155	
Town * :	Cedex :	PO Box :
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bistrita		
Country * :	Region * :	
<input type="text"/>	<input type="text"/>	
Romania	Extra-Regio NUTS 2	
Telephone 1 * :	Telephone 2 :	Fax :
<input type="text"/>	<input type="text"/>	<input type="text"/>



## Part B. Description of the project

### **B.1 Summary of the project (max 2000 characters). Please note that this information may be used for dissemination purposes**

For successful applications, this section will be published, as presented below, in compendia etc. You should therefore ensure that it gives a concrete overview of the work your consortium plans to undertake including:

- The reason of your project
- Concise description of the outputs, results and / or products (including where relevant key pedagogical strategies, media used, language versions, etc.)
- The impact envisaged

Please indicate the language of the summary \* :

English

Please provide your summary \* :

### **B.2 Educational Level and topics addressed**

The content of this application is linked to the following area

The field of education that will benefit from the activities / outcomes :

Higher education

#### **Topics \* :**

Please identify in the box below, which of the topics this application addresses (minimum 1, maximum 3 choices)

- ☐ Agriculture, forestry and fisheries
- ☐ EU Citizenship, EU awareness and Democracy



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- ☐ *ICT - new technologies - digital competences*
- ☐ *Creativity and culture*
- ☐ *Disabilities - special needs*
- ☐ *Access for disadvantaged*
- ☐ *Early School Leaving / combating failure in education*
- ☐ *Economic and financial affairs (incl. funding issues)*
- ☐ *Social dialogue*
- ☐ *Labour market issues incl. career guidance / youth unemployment*
- ☐ *Energy and resources*
- ☐ *Enterprise, industry and SMEs (incl. entrepreneurship)*
- ☐ *Environment and climate change*
- ☐ *Ethics, religion and philosophy (incl. Inter-religious dialogue)*
- ☐ *Gender equality / equal opportunities*
- ☐ *Health and wellbeing*
- ☐ *Home and justice affairs (human rights and rule of law)*
- ☐ *Inclusion – equity*
- ☐ *Intercultural/intergenerational education and (lifelong)learning*
- ☐ *International cooperation, international relations, development cooperation*
- ☐ *Key Competences (incl. mathematics and literacy) - basic skills*
- ☐ *Natural sciences*
- ☐ *New innovative curricula/educational methods/development of training courses*
- ☐ *Overcoming skills mismatches (basic/transversal)*
- ☐ *Pedagogy and didactics*
- ☐ *Quality and Relevance of Higher Education in Partner Countries*

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**Validate form**

**Test your  
connection**

**Connection test has not been performed!**



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- ☐ Quality Assurance
- ☐ Quality Improvement Institutions and/or methods (incl. school development)
- ☐ Reaching the policy level/dialogue with decision makers
- ☐ Recognition (non-formal and informal learning/credits)
- ☐ Regional dimension and cooperation
- ☐ Research and innovation
- ☐ Romas and/or other minorities
- ☐ Rural development and urbanisation
- ☐ Teaching and learning of foreign languages
- ☐ Recognition, transparency, certification
- ☐ Transport and mobility
- ☐ Youth (Participation, Youth Work, Youth Policy)
- ☐ Open and distance learning
- ☐ Post-conflict/post-disaster rehabilitation
- ☐ Entrepreneurial learning - entrepreneurship education
- ☐ Fighting discrimination and intolerance, usage of drugs/doping, match fixing, violence in sports
- ☐ Healthy lifestyle, active ageing
- ☐ Sustainable financing in sports, dual careers involving sports, good governance
- ☐ Grassroots sports
- ☐ Enhance social inclusion, equal opportunities and participation in sports

Briefly describe how your project addresses the topic(s). (max 500 characters) \*:



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## B.3 Dates

### B.3.1 Dates and duration of the project

Start date \* : 01/11/2020

End date : 31/10/2023

Duration (month) \* : 36 months

## B.4 Grant request

	EU Grant		
	Programme Countries (PR)	Partner Countries (PA)	Total
Project implementation support			
Project implementation support			0,00 €
Learning Mobility activities (Optional)			
Travel costs	0,00 €	0,00 €	0,00 €
Subsistence costs	0,00 €	0,00 €	0,00 €
<b>Total</b>	0,00 €	0,00 €	<b>0,00 €</b>

## Distribution of grant by organisation

Partner n°	PIC code	Partner Name	Grant requested
P1	999854564	UNIVERSITAET LEIPZIG	
P2	998731110	INSTITUT NATIONAL DES SCIENCES APPLIQUEES, STRASBOURG	
P3	961360405	HOCHSCHULE OFFENBURG	

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Partner n°	PIC code	Partner Name	Grant requested
P4	999873091	VYSOKÉ UCENÍ TECHNICKÉ V BRNĚ	
P5	999897244	UNIVERSITATEA TEHNICA CLUJ-NAPOCA	
P6	999591209	LAPPEENRANNAN-LAHDEN TEKNILLINEN YLIOPISTO LUT	
P7	947177744	HTBLA Wolfsberg	
P8	946808562	SCHAEFFLER TECHNOLOGIES AG & CO. KG	
P9	898474238	Arxia Srl	
P10	996553363	Tehnoproduct Plast	
Total grant requested			

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**Part C. Other****C.1 Learning Mobility (optional)**

Learning mobility may be organised in so far as they support/complement the other activities of the Alliance and bring added value in the realisation of the project's objectives. Learning mobility means moving physically to a country other than the country of residence, in order to undertake study, training or non-formal or informal learning (e.g. traineeships, apprenticeships, youth exchanges, volunteering, teaching or participation in a professional development activity). Learning mobility activities may require preparatory activities, such as training in the host language, as well as sending, receiving and follow-up activities. Learning mobility activities can not constitute the main activities of a Knowledge Alliance.

Does your project include learning mobility activities? \* :

☐ Yes

☐ No

Type of mobility (Students/Staff/ Researchers)	Home Country	Hosting country	N° of participants	Add activity
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**C.2 Key Results (outputs/outcomes) \* :**

Please select the Key Results (outputs/outcomes) of your project. (minimum 1, maximum 3 choices)

- ☐ New curricula, study programmes, courses or training modules
- ☐ New learning and teaching methods or approaches
- ☐ Accreditation, certification or degree recognition processes
- ☐ Open educational resources
- ☐ Quality assurance outputs
- ☐ E-learning, including MOOC and other open online courses
- ☐ Virtual platform/community
- ☐ Mobility/placements/internships of students, including virtual mobility
- ☐ Exchange of academics and/or company staff
- ☐ Learning/development/recognition methods for behaviour, competences and skills





- ☐ Support services, such as career guidance, coaching and counselling
- ☐ Studies/good practices/guidelines on university-enterprise cooperation
- ☐ Other

## C.3 List of affiliated entities

**Not Applicable**



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## ***Attachments (see compulsory templates on EACEA website)***

***The maximum size of all attachments together cannot exceed 10 MB.***

**Detailed Project Description (Word, PDF, RTF, ODT)\***

**Detailed Budget (Excel, ODS) \***

**Declaration on Honour (PDF, TIF, JPG) \***

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## Application's reference(s)

Has this or a similar application already been submitted under a previous call for proposals?

☐ Yes

☒ No

**Submission number :**

000000000

### Errors list

Number of mandatory field(s) not filled in: 135

Mandatory Checkbox(es) is (are) not selected.

B.4 - The total of the distribution of grant by organisation should be equal to the total of the grant requested from the European Union.

Mandatory Radio button(s) is (are) not selected.

The description of the project has not been attached

Declaration of Honour has not been attached.

The budget tables have not been attached.



## Useful links

Item	Link
Agency's homepage :	<a href="https://eacea.ec.europa.eu/homepage">https://eacea.ec.europa.eu/homepage</a>
Agency's eForm homepage :	<a href="https://eacea.ec.europa.eu/documents/eforms_en">https://eacea.ec.europa.eu/documents/eforms_en</a>
eForm technical user guide :	<a href="https://eacea.ec.europa.eu/documents/eforms_en">https://eacea.ec.europa.eu/documents/eforms_en</a>
Known technical issues :	<a href="https://eacea.ec.europa.eu/documents/eforms_en">https://eacea.ec.europa.eu/documents/eforms_en</a>

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