



KA2 - Cooperation for innovation and the exchange of good practices

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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



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Form version : 2.6 EN Adobe Reader version : 19.02120061

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	999897244	Partner Organisation	UNIVERSITATEA TEHNICA CLUJ-NAPOCA	CLUJ NAPOCA	Romania
P5	999591209	Partner Organisation	LAPPEENRANNAN-LAHDEN TEKNILLINEN YLIOPISTO LUT	LAPPEENRANTA	Finland
P6	946808562	Partner Organisation	SCHAEFFLER TECHNOLOGIES AG & CO. KG	HERZOGENAURACH	Germany
P7	898474238	Partner Organisation	Arxia Srl	Cluj-Napoca	Romania
P8	996553363	Partner Organisation	Tehnoprod Plast	Bistrita	Romania
P9	951782043	Partner Organisation	DI Jürgen Jantschgi	Wolfsberg	Austria

Submission number:
000000000

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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



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

Title * :	Family name * :	First name * :
Prof. Dr.	Gräbe	Hans-Gert
<hr/>		
Department / Faculty :	Computer Science	
<hr/>		
Role in the organisation * :	E-mail address * :	
staff member	graebe@informatik.uni-leipzig.de	
<hr/>		

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

Address

Street name and number * :		Postcode :
Augustusplatz 10		D-04109
<hr/>		<hr/>
Town * :	Cedex :	PO Box :
Leipzig		
<hr/>		<hr/>
Country * :	Region * :	
Germany	SACHSEN	
<hr/>		<hr/>
Telephone 1 * :	Telephone 2 :	Fax :
+49-341-9732248		
<hr/>		<hr/>

☒ 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 * :
Prof. Dr.	Dräger	Birgit
Department / Faculty :		
Role in the organisation * :		E-mail address * :
chancellor		kanzlerin@uni-leipzig.de

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

Address

Street name and number * :		Postcode :
RITTERSTRASSE 26		04109
Town * :	Cedex :	PO Box :
LEIPZIG		
Country * :	Region * :	
Germany	Germany Extra-Regio	
Telephone 1 * :	Telephone 2 :	Fax :
+49-341-9730100		



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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:
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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 :



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"/>



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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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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 * :
Prof. Dr.-Ing.	Livotov	Pavel
<hr/>		
Department / Faculty :	Mechanical and Process Engineering	
<hr/>		
Role in the organisation * :	E-mail address * :	
staff member	livotov@hs-offenburg.de	
<hr/>		

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

Address

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



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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 :	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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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"/>



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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 :	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

The connection test succeeded.



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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"/>



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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 :	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

The connection test succeeded.



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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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Go to next error

Validate form

Test your
connection

The connection test succeeded.



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 :

INDUSTRIESTR 1-3

91074

Town * :

Cedex :

PO Box :

HERZOGENAURACH

Country * :

Region * :

Germany

BAYERN

Telephone 1 * :

Telephone 2 :

Fax :



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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 :	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	



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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 * :

Homorodean

Daniel

Department / Faculty :

Role in the organisation * :

E-mail address * :

managing director

homorodean@arxia.com

☐

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

Address

Street name and number * :

Postcode :

Str Primaverii 8/262

400540

Town * :

Cedex :

PO Box :

Cluj-Napoca

Country * :

Region * :

Romania

Nord-Vest

Telephone 1 * :

Telephone 2 :

Fax :



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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 :	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

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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

Submission number:
000000000

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Validate form

Test your
connection

The connection test succeeded.



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="Libertatii 1A"/>		<input type="text" value="420155"/>
Town * :	Cedex :	PO Box :
<input type="text" value="Bistrita"/>	<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"/>



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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 :	951782043	
Full name of the organisation in Latin characters :	DI Jürgen Jantschgi	
Business name :	Jantschgi C&R	
Accreditation type :		
Accreditation number :		
Status :	Private	
Non Profit Organisation :	No	
NGO :	No	
Type of organisation * :	Small and medium sized enterprise	
Registration date :		
Registration location :		
Registration country code :	AT	

Submission number:
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Registered address

Street name and number :

Eppensteinerstrasse 36

Postcode :

9400

Town :

Wolfsberg

Cedex :

PO Box :

Country :

Austria

Region * :

Internet address :

www.jantschgi.at

Telephone 1 :

+436769406476

Telephone 2 :

+43435335636

Fax :



A.2 Legal representative / contact person

Title * :	Family name * :	First name * :
DI	Jantschgi	Jürgen
Department / Faculty :		
Role in the organisation * :	E-mail address * :	
Owner	juergen@jantschgi.at	

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

Address

Street name and number * :	Postcode :	
Eppensteinerstrasse 36	9400	
Town * :	Cedex :	PO Box :
Wolfsberg		
Country * :	Region * :	
Austria		
Telephone 1 * :	Telephone 2 :	Fax :
+45 676 9406476		



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*

Submission number:
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Validate form

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connection**

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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 €
Total	0,00 €	0,00 €	0,00 €

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	

Submission number:
000000000

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Partner n°	PIC code	Partner Name	Grant requested
P4	999897244	UNIVERSITATEA TEHNICA CLUJ-NAPOCA	
P5	999591209	LAPPEENRANNAN-LAHDEN TEKNILLINEN YLIOPISTO LUT	
P6	946808562	SCHAEFFLER TECHNOLOGIES AG & CO. KG	
P7	898474238	Arxia Srl	
P8	996553363	Tehnoproduct Plast	
P9	951782043	DI Jürgen Jantschgi	
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



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- ☐ *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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connection**

The connection test succeeded.



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: 83

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 :	https://eacea.ec.europa.eu/homepage
Agency's eForm homepage :	https://eacea.ec.europa.eu/documents/eforms_en
eForm technical user guide :	https://eacea.ec.europa.eu/documents/eforms_en
Known technical issues :	https://eacea.ec.europa.eu/documents/eforms_en

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