



Name of evaluator: \_\_\_\_\_

**MULTILATERAL COMENIUS SCHOOL PARTNERSHIPS  
COMMON EUROPEAN ELIGIBILITY CHECKLIST 2010**

**Partnership reference N°**

**Name of applicant institution:**

**Partnership title:**

	<b>Yes</b>
<b>The application has been submitted by the applicant institution on 19 February 2010 at the latest (postmark date).</b>	
<b>The application has been submitted using the correct application form.</b>	
<b>The application has been submitted according to the instructions published by the National Agency.</b>	
<b>The form is not hand written.</b>	
<b>The form is completed in full.</b>	
<b>The application form has been completed using the communication language of the Partnership (this must be one of the official languages of the EU).</b>	
<b>The Partnership consists of institutions located in at least three of the countries participating in the Lifelong Learning Programme.</b>	
<b>At least one of the participating institutions is located in a Member state of the European Union.</b>	
<b>The applicant institution is eligible to receive funding from this National Agency to participate in a Comenius School Partnership.</b>	
<b>Part H (Requested EU funding) includes either the Partnership type or the grant amount requested by the applicant institution.</b>	
<b>The form has been signed by the legal representative of the applicant institution or a person duly authorised by the legal representative.</b>	
<b>The applicant institution has fulfilled its contractual obligations in relation to any earlier grants received from the National Agency.<sup>1</sup> (exclusion criterion)</b>	
<p><b><i>Irish national administrative priorities for 2010</i></b></p> <p>Only one Comenius School Partnership application per school will be accepted for schools with up to 600 pupils. If a school with less than 600 pupils submits more than one application, the NA will contact the school and ask it to choose which application should be put forward. Schools with more than 600 pupils can submit two applications if the thematic/subject areas are different.</p>	

**The application is eligible:** Yes   
No

**If the application is not eligible on the basis of one or several of the criteria above, please give details if necessary:**

<sup>1</sup> i.e. the institution in question has no outstanding repayments to the NA.

*I hereby declare to the best of my knowledge that I have no conflict of interest (including family, emotional life, political affinity, economic interest or any other shared interest) with the organisation(s) or any of the persons having submitted this grant application. Furthermore, I confirm that I will not communicate to any third party any information that may be disclosed to me in the context of my work as an evaluator.*

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Date

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Name and signature