*On the letterhead of the participating economic operator*

***SAMPLE APPLICATION FOR ADMISSION***

***SUBJECT: Application for admission concerning the selection procedure for the executive body of the information and promotion program for agricultural products in EU Countries: Italy and Spain***

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_*, residing at Street/Plaza \_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip. - \*\*Province (), State\*\* \_\_\_\_\_\_\_\_\_\_, as the legal representative of the economic operator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with legal headquarters in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Plaza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,in the Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip*, \*\*Province (), State\*\* \_\_\_\_\_\_\_\_\_\_\_, VAT No.\_\_\_\_\_\_\_\_\_\_\_\_\_. PEC\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(In case of a not yet established temporary grouping, indicate all the economic operators involved, specifying who will take the role of leader/mandate and the parts of the service attributed to each)*

**REQUESTS/REQUEST TO PARTICIPATE**

n the procedure indicated above and for this purpose submit:

1. the declarations required according to the model in Annex A to the specifications, filled out and signed by the legal representative of the participating economic operator(s);
2. the identity document of the subscriber(s);
3. the declaration from the Banking Institute of possession of the financial means necessary to ensure the execution of the actions foreseen by the Program (suitable bank references);
4. the CCIAA registration or registration in a commercial register maintained in the Member State where the economic operator is based;

The undersigned person(s) declare(s) to accept that all communications from the **CONSORZIO TUTELA PROVOLONE VALPADANA**, concerning the procedure mentioned above, take place via PEC at the indicated address.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Economic Operator 1 Name and Surname of the signing person *(leader/mandate) (legible signature)*

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

Name of Economic Operator 2 Name and Surname of the signing person *(leader/mandate) (legible signature)*

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

*(N.B. In case of a not yet established temporary grouping, all members must sign the application)*

**ANNEX A**

**INFORMATION ON THE PROCUREMENT PROCEDURE AND THE CLIENT**

| **Publication Information**  Notice number in the Official Journal of the European Union | [ ] [ ][ ][ ]/S [ ][ ][ ]-[ ][ ][ ][ ][ ][ ] |
| --- | --- |
| **Identity of the Client**  Official Name:  Country: | **CONSORZIO TUTELA PROVOLONE VALPADANA**  **Italy** |
| **Informazioni sulla procedura di appalto**  Title:  Short Description: | Open competitive selection procedure for the selection of an organization charged with executing the program named Different, European, Unique, DOP (“D.E.U.D.”).  Execution of the three-year program named Different, European, Unique, DOP (“D.E.U.D.”) in **Italy and Spain**. |

**INFORMATION ON THE ECONOMIC OPERATOR**

A: INFORMATION ON THE ECONOMIC OPERATOR

| **Name:** |  |
| --- | --- |
| VAT Number, if applicable:  If a VAT number is not applicable, provide another national identification number, if required and applicable |  |
| **Postal Address:** |  |
| Contact Persons: Telephone: PEC or Email: Internet Address or Website (if existing): |  |
| Size of Enterprise (according to Annex I of the EU Regulation No. 651/2014 of the European Commission dated 17/06/2014): | 🗆 Micro Enterprise  🗆 Small Enterprise  🗆 Medium Enterprise  🗆 Large Enterprise |

B: INFORMATION ON THE REPRESENTATIVES OF THE ECONOMIC OPERATOR

| Full Name: Date and Place of Birth: |  |
| --- | --- |
| Position/Title to Act: |  |
| Postal Address: |  |
| Telephone: |  |
| Email: |  |

**EXCLUSION REASONS**

A: REASONS RELATED TO CRIMINAL CONVICTIONS

| **Reasons related to criminal convictions under Article 57, paragraph 1, of Directive 2014/24/EU** | |
| --- | --- |
| Has the economic operator, or a person who is a member of its administrative, management, or supervisory board, or who has powers of representation, decision-making, or control, been convicted by a final judgment issued no more than five years ago or for which an exclusion period set directly in the judgment is still applicable for the following offences? a) Participation in a criminal organization b) Corruption c) Fraud d) Terrorist offences or offences related to terrorist activities e) Laundering of proceeds from criminal activities or financing of terrorism f) Child labour and other forms of human trafficking[[1]](#footnote-0) | a) [ ] Yes [ ] No  b) [ ] Yes [ ] No  c) [ ] Yes [ ] No  d) [ ] Yes [ ] No  e) [ ] Yes [ ] No  f) [ ] Yes [ ] No |

B: REASONS RELATED TO THE PAYMENT OF TAXES OR SOCIAL SECURITY CONTRIBUTIONS

| **Reasons related to the payment of taxes or social security contributions under Article 57, paragraph 2, of Directive 2014/24/EU** | |
| --- | --- |
| **Tax Payment**  Has the economic operator failed to comply with obligations related to the payment of taxes, both in the country where it is established and in the Member State of the contracting authority or the contracting entity, if different from the country of establishment? | [ ] Yes [ ] No |
| **Payment of Social Security Contributions**  Has the economic operator failed to comply with obligations related to the payment of social security contributions, both in the country where it is established and in the Member State of the contracting authority or the contracting entity, if different from the country of establishment? | [ ] Yes [ ] No |

C: REASONS RELATED TO INSOLVENCY, CONFLICTS OF INTEREST, OR PROFESSIONAL MISCONDUCT[[2]](#footnote-1)

| **Information on any situations of insolvency, conflict of interest, or professional misconduct** | |
| --- | --- |
| Has the economic operator violated, to its knowledge, applicable obligations in the fields of health and safety at work, environmental law, social and labor law?[[3]](#footnote-2) | [ ] Yes [ ] No |
| Is the economic operator in one of the following situations or subject to a procedure for determining one of the following situations?  a) bankruptcy b) liquidation c) insolvency d) arrangement with creditors | a) [ ] Yes [ ] No  b) [ ] Yes [ ] No  c) [ ] Yes [ ] No  d) [ ] Yes [ ] No |
| **Has the economic operator been guilty of serious professional misconduct**[[4]](#footnote-3)? | [ ] Yes [ ] No |
| **Is the economic operator aware of any conflict of interest[[5]](#footnote-4)** related to its participation in the procurement procedure? | [ ] Yes [ ] No |
| Has **the economic operator** or a related company **provided consultancy** to the contracting authority or entity, or otherwise **participated in the preparation** of the procurement procedure | [ ] Yes [ ] No |
| Can the economic operator confirm that:   1. **it has not been** seriously guilty of **false declarations** in providing the information required for verifying the absence of exclusion reasons or compliance with the selection criteria, 2. **it has not concealed** such information? | [ ] Yes [ ] No  [ ] Yes [ ] No |

**SELECTION CRITERIA**

OVERALL INDICATION FOR ALL SELECTION CRITERIA

| **Regarding the selection criteria, declares that:** |  |
| --- | --- |
| Meets the required selection criteria | [ ] Yes [ ] No |

A: SUITABILITY

| Registration in a commercial register maintained in the Member State where the economic operator is based | […………………….…….………………………..] |
| --- | --- |

B: ECONOMIC AND FINANCIAL CAPACITY

| Declaration from the Banking Institute of possession, by the economic operator, of the financial means necessary to ensure the execution of the actions planned by the Program. | [ ] Yes [ ] No |
| --- | --- |
| Overall turnover of the **last 3 financial years closed and whose balance sheet has been approved**, collectively not less than €2,000,000.00 (in words: two million/00) excluding VAT | **financial year 202\_\_ turnover:** [................] [...] currency **financial year 202\_\_ turnover:** [................] [...] currency **financial year 202\_\_ turnover:** [................] [...] currency  **Overall global turnover:** […………………] [€] currency |

C: TECHNICAL CAPACITY

| The economic operator declares to have realized in the **last 3 financial years closed and whose balance sheet has been approved, services similar to those subject to the tender**, such as activities under EU Reg. No. 1144/2014 and/or equivalent programs (e.g., OCM Wine Promotion, RDP 2014/2020 Measure 3.2.01, etc.), for a total amount not less than €**1,000,000.00** (in words: one million/00) excluding VAT, as per the following schedule | [ ] Yes [ ] No |
| --- | --- |

| **Similar Services** | | | |
| --- | --- | --- | --- |
| Short Name  Description of the service performed | Contracting Entity | Years of Execution | urnover invoiced in the three-year period of analysis |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SUBCONTRACTING**

| The economic operator declares its intention to subcontract as provided for in Article 105 of Legislative Decree 50/2016. To this end, it indicates the total percentage of the service it intends to subcontract (up to a maximum of 30% of the contract amount). | [ ] Yes [ ] No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |

**Final Declarations**

*I* *The undersigned formally declare(s) that the information contained in this document is truthful and correct and that the undersigned is/are aware of the consequences of a serious false statement, pursuant to Article 76 of Presidential Decree 445/2000.*

*Attach the valid identity document of the declarant.*

*The undersigned formally declares to be able to produce, upon request and without delay, the certificates and other forms of documentary evidence as appropriate.*

Date, place and signature(s): […………………]

*(N.B. In the case of a temporary grouping or consortium, each member must provide the statements mentioned above)*

1. () *As defined in Article 2 of Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA (OJ L 101, 15.4.2011, p. 1).* [↑](#footnote-ref-0)
2. () See Article 57, paragraph 4, of Directive 2014/24/EU. [↑](#footnote-ref-1)
3. () As established for the purposes of this contract by national legislation, the relevant notice or call for tenders, the tender documents, or by Article 18, paragraph 2, of Directive 2014/24/EU. [↑](#footnote-ref-2)
4. () Refer, where applicable, to national law, the relevant notice or tender, or the tender documents. [↑](#footnote-ref-3)
5. () As specified in national law, the relevant notice or call for tenders, or the tender documents and in the Annotated Model Grant Agreement (H2020 AGA): V2.1.1 – July 1, 2016 General Model Grant Agreement, <http://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/amga/h2020-amga_en.pdf> p. 240 [↑](#footnote-ref-4)