



MINISTERU GĦALL-WIRT NAZZJONALI, L-ARTI U L-GVERN LOKALI

## Appendici II

### Formola tal-Applikazzjoni għall-Ġemellaġġ Twinning Application Form

#### 1. Applikant / Applicant:

Immarka kif applikabli / mark as applicable - ‘X’

Kunsill Lokali <i>Local Council</i>	Kunsill Reġjonali <i>Regional Council</i>	Assoċjazzjoni tal-Kunsilli Lokali <i>Local Councils Association</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Isem tal-Kunsill: <i>Name of the Council:</i>	
Indirizz: <i>Address:</i>	

#### 2. Arrangament tal-Ġemellaġġ / Twinning Arrangement:

Immarka kif applikabli / mark as applicable - ‘X’

Kunsill Lokali – Malta / Local Council – Malta	
Reġjun Lokali – Malta / Local Region – Malta	
Awtorità Lokali – Malta / Local Authority – Malta	
Kunsill Lokali – f'pajjiż ieħor / Local Council – Abroad	
Reġjun Lokali – f'pajjiż ieħor / Local Region – Abroad	
Awtorità Lokali – f'pajjiż ieħor / Local Authority – Abroad	
Assoċjazzjoni Internazzjonali / International Association	

### **3. Proposta tal-Ġemellaġġ / Twinning Proposal:**

- i. Rapport qasir (mhux aktar minn 500 kelma) dwar il-belt/raħal propost fejn ser isir il-ġemellaġġ:

*A brief (not more than 500 words) on the proposed town/city where the Twinning shall take place:*

- ii. L-ġħan tal-propost ġemellaġġ (mhux aktar minn 100 kelma):

*The objective of the New Twinning venture (not more than 100 words):*

- iii. Is-similaritajiet bejn il-pajjiżi li bejnhom ser isir il-ġemellaġġ billi jipprovd rapport dettaljat fuq il-villaġġi, ibliet, jew komunitajiet inkluži fil-proposta tal-ġemellaġġ:  
*The similarities between the countries between which the twinning will take place or the Councils through a detailed report on the villages, towns, or communities included in the twinning proposal:*
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- iv. Proposta tat-Twinning Work Plan: (mhux aktar minn 100 kelma)  
*Twinning Work Plan Proposal (not more than 100 words)*
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- v. Ir-riżultati u l-benefiċċi mistennija: (mhux aktar minn 100 kelma)  
*The expected results and benefits: (not more than 100 words)*
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#### 4. Dokumentazzjoni obligatorja ma din l-applikazzjoni:

Mandatory Documentation required with this application:

Għall-użu tal-uffiċċju BISS  
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Dikjarazzjoni ffirma mis-Segretarju Eżekuttiv li dan ir-rapport kien diskuss u saħansitra approvat mill-Kunsill:  
*A signed declaration by the Executive Secretary that this report has been discussed and even approved by the Council.:*

Estratt tal-minuti fejn tindika ċar li din il-proposta ta' ġemellaġġ kienet ġiet approvata għas-sottomissjoni:  
*Extract of the minutes clearly indicating that this Twinning proposal has been approved for submission:*

L-estimi finanzjarji tan-nefqa li ser jagħmel il-Kunsill/Awtorità tal-Gvern Lokali relatata mal-ġemellaġġ:  
*The financial estimates of the expenditure to be incurred by the Council / Local Government Authority related to the twinning*

##### In-nefqa relatata

- mal-ivjaġġar;
- mal-ospitalitá tal-ġemellaġġ; u
- maċ-ċerimonja tal-ftehim, li ssir lokalment u/jew barra minn Malta.

Din in nefqa m'għandiex taċċedi it-€3,500 jew 0.5% tal-allokazzjoni finanzjarja tal-Kunsill għal dik is-sena finanzjarja, skont liema tkun l-ogħla;

*The related expenses to*

- travel;
- hospitality expenses related to this Twinning; and
- the Twinning ceremony, taking place locally and/ or abroad.

*This expenditure shall not exceed € 3,500 or 0.5% of the Council's financial allocation for that financial year, whichever is the higher.*

Dikjarazzjoni ta' kwalunkwe spejjeż oħra, relatati ma' ftehim ta' ġemellaġġi/ kooperazzjonijiet oħra, li nħarġu matul is-sena kurrenti.  
*Declaration of any other costs, related to the Twinning / Other Cooperation agreements, incurred during the current year.*

Signature:

Signature:

Full Name or Rubber Stamp:

**President/ Mayor/ Chairperson**

Full Name or Rubber Stamp:

**Executive Secretary**