

***Annex IIIа***

**DECLARATRION**

**Related to collaborative activities with Associate Partners**

1.I the undersigned: .............................................................................................................................,

(name, second name, family name)

Unified Registry Number (EGN) …………………......................................................................,

address ..........................................................................................................

............................................................, passport №....................................., issued on .................. from authority, State ......................................, in the capacity of the official representative of ......................................................- Project Leading Organisation (applicant) for grant assistance through the selection of proposals.........................................................., UIC/Registration Number...................................................................,

2. I the undersigned: .............................................................................................................................,

(name, second name, family name)

Unified Registry Number (EGN) …………………......................................................................,

address ..........................................................................................................

............................................................, passport №....................................., issued on .................. from authority, State ......................................, in the capacity of the official representative of ...................................................... – Associate Partner 1 of the Applicant for grant assistance through the selection of proposals........................................................., UIC/Registration Number............................................[[1]](#footnote-1)

**WE DECLARE the following**:

**1.** We acknowledge the information presented in the Application Form, including the information under Item 5, “Budget” and the information in Annex I “Project Justification”; we understand our role in the Project and agree with the project proposal and budget, in compliance with which we shall observe the principles of good partnership.

**2.** We agree to participate jointly with the Leading Organisation for the project activities proposed according to the completed Application Form and Annex I “Project Justification” and accept not to spend funds from the grant for fulfilling the respected activity.

**3.** We are familiar with the Administrative contract template for the grant provision, published together with the application requirements and obligations acceptance that appear in case of project proposal approval for funding.

**4.** We agree the Leading Organisation to represent us to the Managing Authority on all issues concerning the implementation of project activities included in the Administrative Contract.

**5.** The Project activities we shall participate in together with project partners and our contribution to support the project are as follows [[2]](#footnote-2):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Associated****Partner** | **Project Activity** | **Role / Responsibility/ Obligation regarding the implementation of the respective activity** | **Result** |
| 1. | ………………………. |  |  |  |
| 2. | …………………….. |  |  |  |
| 3. | ………………………. |  |  |  |

**6.** We hereby agree to provide direct access (both during project implementation and after its completion) to representatives of the Managing Authority and/or other auditing/inspecting institutions to conduct on-the-spot-checks of the project implementation results.

**7.** We agree with the conditions, that:

**7.1.** The expenditures incurred by the Associated Partners shall not be reimbursed under the Operational Programme.

**7.2.** The Associated Partners could not receive preferential access under more favourable conditions to the research infrastructure and the research results.

**I am aware of the criminal liability I take under Art. 313 of the Criminal Code for declaring incorrect data.**

For the Leading Organisation: ..........................................

 (name, signature, stamp, date)

For the Associate Partner[[3]](#footnote-3):: ..........................................

 (name, signature, stamp, date)

1. In case of more than one Associate Partner insert as many positions as needed. [↑](#footnote-ref-1)
2. The information presented should be consistent with the information referred to in section 7 of the Application Form and in the Project Justification (Annex I) [↑](#footnote-ref-2)
3. In case of more than one Associate Partner insert as many rows as needed [↑](#footnote-ref-3)