

***(Each associate partner in the project must fill in a copy of this declaration)***

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| **Project Details** | |
| **Title of the Project** | *Click here to enter text.* |

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| **Organisation Proposing this Project (co-ordinator) Details** | |
| Name of Organisation proposing this Project | *Click here to enter text.* |
| Address: | *Click here to enter text.* |
| Telephone Number | *Click here to enter text.* |
| Email | *Click here to enter text.* |

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| **Associate Partner Organisation Details** | |
| Full Legal Name of Associate partner Organisation | *Click here to enter text.* |
| Address | *Click here to enter text.* |
| Telephone Number | *Click here to enter text.* |
| Email | *Click here to enter text.* |

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| **Details of Person Responsible for Participation in Project** | | |
| Name | *Click here to enter text.* |
| Function in the Organisation | *Click here to enter text.* |

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| |  | | --- | | **I, the undersigned, declare that I have read the entire project proposal contained in this application. Discussed it with the coordinator and given my agreement to it. On behalf of the associate partner organisation, I undertake to perform the role allocated and according to the work plan and timetable of the project.** |   **Authorised signatory of the associate partner organisation:** | |
| **Title** | *Click here to enter text.* |
| **Name** | *Click here to enter text.* |
| **Surname** | *Click here to enter text.* |
| **Position in the associate partner organisation** | *Click here to enter text.* |

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| **Date:** |
| *Click here to enter a date.* |
| **Signature:** |
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