# Partner Contribution Statement for Project Application

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| --- |
| **Project identification** |
| Project number | Click here to enter text. |
| Project name | Click here to enter text. |
| Project acronym | Click here to enter text. |
| Lead partner of the project | Click here to enter text. |
|  |
| **Partner identification** |
| Name of the project partner receiving the financial contribution | Click here to enter text. |
|  |
| **Information on the organisation contributing with financing to the project** |
| Name of the organisation | Click here to enter text. |
| Name of the organisation in the original language | Click here to enter text. |
| Legal status | Click here to enter text. |
| Registry no of the organisation | Click here to enter text. |
| Address | Click here to enter text. |
| Postcode | Click here to enter text. |
| Town | Click here to enter text. |
| Country | Click here to enter text. |
| Contact person | Click here to enter text. |
| Phone | Click here to enter text. |
| Email | Click here to enter text. |
|  |
| **Amount of the partner contribution** |
| Public funding | Click here to enter text. |
| Private funding | Click here to enter text. |
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| **Additional information** |
| Click here to enter text. |

**The partner is willing to use the 40% flat rate simplified cost option**

Yes [ ]

No [ ]

### Signature

By signing the partner contribution statement the organisation confirms its financial contribution to the project.

|  |  |
| --- | --- |
| Date | Click here to enter a date. |
| Signature |  |
| Name of the signatory | Click here to enter text. |
| Position in the organisation | Click here to enter text. |
| Name of the organisation | Click here to enter text. |

Please check that the information provided in these forms is coherent with the information provided
in the Application Form.