

Lead Partner Declaration

This form is a Programme template. It may not be altered or amended in any way.

This document is an annex to the Application Form and will be (updated, if necessary and) annexed to the Consolidated Application Form if the project is approved

Project proposal acronym: **[Acronym]**

I, the undersigned **[Title, First Name, Last Name]**, as the legal representative of **[Name of the organisation in original language, Name of the organisation in English]**, acting as a project lead partner in the above-mentioned project confirm, on behalf of all partners, that :

- 1) the project respects the EU requirements for joint development, joint implementation, joint staffing and joint financing;
- 2) the above mentioned project, neither in whole nor in part, has or will receive any other additional EU funds (except for the funds indicated in this application form) for the activities indicated in the application form during the duration of the project;
- 3) the project has not been fully, nor in part, implemented before the submission of this application;
- 4) the project partners listed in the application form are committed to take part in the project's activities and financing as stated in the partnership agreement;
- 5) the project is in line with the relevant EU and national/regional legislation and policies of the regions and countries involved;
- 6) all partners (lead partner and project partners) will act in compliance with the provisions of the relevant EU regulations, the specific provision of the Programme and national rules, especially regarding Structural Funds, public procurement, State Aid, respect of fundamental rights, equal opportunities, gender equality, non-discrimination and sustainable development, and works to ensure that the project has no harmful impact on the environment;
- 7) all natural persons participating in the project and project activities have in advance given their consent to the collection, recording, storage and transfer of their personal data in databases of the Programme Authorities and management bodies, as well as data transfer to third parties identified in

Interreg Euro-MED Programme's privacy policy, in accordance with the provisions for data transfer and data processing described in Regulation (EU) 2016/679 (General Data Protection Regulation/GDPR);

In addition, on behalf of the institution I represent in its role of project partner I:

- 1) confirm that the institution I represent commits itself to the project, and intends to provide the total amount of EUR [XXX] as national co-financing¹ to the total eligible budget for my institution;
- 2) am aware of the Programme rules on reimbursement and non-existence of advance payment for the implementation of project activities and confirm the availability of own resources for pre-financing the planned activities and understand which role the institution I represent will have in the project;
- 3) declare that the institution I represent is not under bankruptcy proceedings, bears full legal capacity and is financially reliable, and that its foundation and activities are in line with the respective national legislation;
- 4) confirm that no expenditure related to the above-mentioned project has been, is or will be funded, in part or in whole, by any other EU-funded programme;
- 5) declare to accept all obligations as a project partner deriving from the Subsidy Contract, (which will be signed after the approval of the project proposal), and declare to respect the commitments foreseen in the Partnership Agreement (which will be concluded between all partners participating in the project), and in the Programme Manual;
- 6) declare that the institution I represent commits itself in complying with the relevant public procurement rules (EC, national and internal), or at least respecting the basic principles on which procurement standards are based², and in making the results available to the public;
- 7) declare that the information concerning my institution, as provided in the application form is accurate, complete and true;
- 8) confirm that, in accordance with the application form submitted, the travel and accommodation costs³ of the project for my institution:

☐ will be declared on the basis of the applicable flat rate, according to the Programme rules; OR

☐ will be declared as real cost incurred.

- 9) am aware of that the share of the preparation cost for my institution is the TOTAL amount of EUR [XXX];

¹ Which is 20% of the TOTAL budget foreseen for my institution.

² For more details, see Manual section III B

³ For more details, see Manual section III A

- 10) understand and confirm the conclusions of the state aid self-analysis⁴ as set out in the application form.

- / /

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Signature

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Place and Date

[Title, First Name, Last Name]

.....
Name of Signatory



Official stamp of the signing organisation (if applicable)

⁴ Partner from IPA country **MUST NOT carry out any** economic activity in the framework of an Interreg Euro-MED project.