



Project 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: RENFORCE

I, the undersigned, Mrs, Francesca, Giordano, as the legal representative of ENTE DI GESTIONE DEI SACRI MONTI, SACRI MONTI OF PIEDMONT PUBLIC AUTHORITY, acting as a project partner in the above-mentioned project:

- 1)** confirm that the institution I represent commits itself to the project, and intends to provide the total amount of EUR **27.371,34** 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 a 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 the obligations as a project partner deriving from the Subsidy Contract (which will be signed between the Interreg Euro-MED Managing Authority and the Lead Partner after the approval of the project proposal), and 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 (European, 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 **0,00**;

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

.....
Signature

.....
Place and date

Mrs, Francesca, Giordano
.....

Name of the Signatory



Official stamp of the Signatory Structure (if applicable)

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.

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