



WUNOPS



Public Call for Proposals for Local Socio-Economic Development through Cultural Heritage (LSED-CH CFP 12-2021)

Statement of the Applicant

PROJECT TITLE: _____



By signing this statement, I______ undersigned hereby as an authorized person to represent the applicant ______ (state the applicant full name as registered with the court) under full moral, material and criminal liability, declare the following:

- All the information provided in the Grant Application Form and supporting documentation are true and correspond to the actual state.
- The Applicant is not using any incentives on the same grounds from other institutions or donors during the period of implementation of activities.
- The Applicant will provide cost-share cash contribution in line with propositions of this Call and the proposed budget. If the project costs exceed the planned budget the applicant will cover the difference.
- The Applicants will take all steps prescribed in the EU4Culture Communication Guidelines¹ to promote the European Union (EU) financial contribution to the Action as stated under the Paragraph 8. of the Call.
- Legal representatives of the Applicant and assigned Project Managers have not been criminally convicted, and are not under any ongoing criminal investigation and proceeding (excluding minor traffic violations)
- The Applicant is regularly paying their obligations towards employees and have no outstanding debts for social contributions
- The Applicant is regularly paying due taxes to both local and national tax administrations
- The Applicant has not been issued with prohibition on performing their activities within two years before submitting the application
- The applicant owns or rents business premises appropriate for implementation of project activities
- The Applicant is not producing anything that infringes copyright, trademark or intellectual property laws
- The Applicant understands that the EU4Culture is not obligated to award every submitted application. The binding contract will be awarded only after positive final assessment of the application.

On behalf of the Applicant:

Full name of the Authorised person

ID card number









Date and signature