



**Karolinska
Institutet**

Application Assurance Form

(For internal use only)

This form should be retained at the applicant department and archived when the application is granted.

A copy should be sent to Grants Office

Funding Agency:	NIH	Horizon Europe; Specify Program: _____
	Eurostars	Other: _____
Application Due Date (YYYY/MM/DD):	_____	
Call number/Identifier:	_____	
KI Investigator (PI):	_____	
KI Department:	_____	
Project Coordinator/Prime (if not KI):	_____	
Project Title:	_____	
Project Acronym (if applicable):	_____	
Total budget at KI (incl. indirect costs):	_____	
Cofunding ¹ (list amount required):	_____	
INDI coverage (indicate %):	_____	

External Financial Funding Assurance Statement:

By signing below, we confirm that:

- 1) the listed PI may participate in the application described above.**
- 2) the project will be performed at the KI department listed above when funding is awarded.**
- 3) the PI, Head of Department and Head of Administration are aware of KI's rules and policies regarding indirect costs on external funding and certifies that the budget has been reviewed.**
- 4) the PI, Head of Department and Head of Administration are aware of, and approve, cofunding requirements if applicable.**

_____ Principal Investigator Name	_____ Principal Investigator Signature	_____ Date
_____ Head of Department Name	_____ Head of Department Signature	_____ Date
_____ Head of Administration Name	_____ Head of Administration Signature	_____ Date

¹Cofunding is required for several programs including Marie Skłodowska Curie Actions and Eurostars