



**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: Horizon Europe
Marie Skłodowska Curie Actions

Doctoral Program (MSCA COFUND)

Postdoctoral Program (MSCA COFUND)

Application Due Date (YYYY/MM/

DD): Call number/Identifier:

KI Investigator (PI):

KI Fellow:

KI Department:

Project Title:

Project Acronym (if applicable): Total

budget at KI (incl. indirect costs):

Cofunding¹ (list amount required):

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