



**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
Sklodowska Curie Actions

Doctoral Program (MSCA COFUND)

Postdoctoral Program (MSCA COFUND)

Application Due Date (YYYY/MM/DD):

Call number/Identifier:

KI Investigator (PI)¹:

Number of fellows at KI Department:

KI Department:

Project Title:

Project Acronym (if applicable):

Total budget at KI Department (incl. INDI):

Cofinancing² (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 at Department Name

Head of Administration Signature

Date

¹The PI does not have any pending allegations of misconduct or other reason why they should not be allowed to participate in the application

²Cofinancing is required for several programs including Marie Sklodowska Curie Actions and Eurostars