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|  | **Application Form**    **Additional Support - Project Coordinator**  **Horizon Europe, Pillar II**  **(For internal use only)** |

**Send a signed copy of this form to Grants Office (grantsoffice@ki.se)**

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| Deadline (Application for additional support YYMMDD)) | | | | | |  | | | |  | | |  | |  |  | |
| Deadline (Submission EU-commission YYMMDD)  Call number/Identifier | | | | | |  |  | | | |  |  | |  | | |
| Coordinator -PI (Name and Department): | | | | | |  |  | | | |  |  | |  | | |
| Other KI Researchers and Departments: | | | | | |  |  | | | |  |  | |  | | |
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| Project Title: | | | | | |  | | | |  | | |  | |  |  | |
| Project Acronym (if applicable): | | | | | |  | | | |  | | |  | |  |  | |
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| **External Financial Funding Assurance Statement:**  **By signing below, we confirm:**  **1) that the following Principal Investigator may participate in an application to be sent to the funding agency above.**  **2) that when the project is awarded for funding, we accept that the project will be performed at the following department at Karolinska Institutet (KI).**  **3) that the Principal Investigator is aware of KI’s rules and policies regarding indirect costs on external funding.**  **4) a project specific assurance form including the final budget and INDI reviewed by the department. will be provided before the submission.** | | | | | | | | | | | | | | | | |
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|  |  | | Principal Investigator Name | | | | |  | | Principal Investigator Signature | | |  | | Date |  |
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|  | | Head of Department Name | |  | | | | Head of Department Signature | | |  | | Date |  | |
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|  | |  | | Head of Administration at the Department Name | |  | | | | Head of Administration Signature | | |  | | Date |  | |
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