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|  | **Project Assurance Form**Additional Support - Coordinator ProjectsHorizon 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: |   |   |  |  |  |
|  |  |  |  |  |  |
| Project Title: |  |  |  |  |  |
| Project Acronym (if applicable): |  |  |  |  |  |
|  |  |  |  |  |  |
| **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 |  |
|   |  |  |  |  |  |  |  |
|   |  |   |  |   |  |   |   |
|   | Head of Department Name |  |  Head of Department Signature |  | Date |  |
|  |   |  |   |  |   |   |
|   |  | Head of Administration at the Department Name |  | Head of Administration Signature |  | Date |  |
|   |  |   |  |   |  |   |   |