

A completed copy of this form must be emailed to Grants Office prior to signing by Grants Office.

 $See \ https://ec.europa.eu/programmes/erasmus-plus/resources/programme-guide_en \ for \ Erasmus+project \ rules$

Projects	within Erasmus+	Capacity Building	Cooperation Partnership Other:	
			Other.	
Applicati	on Due Date (YY/MM/DD):			
Call num	nber/Identifier:			
KI Invest	tigator (PI):			
KI Depai	tment:			
Project (Coordinator (if not KI):			
Project 7	Title:			
Project A	Acronym (if applicable):			
Total bu	dget for KI in application:			
*Cofunding applicant needs to cover:				
INDI cov	rerage applicant needs to			
cover (in	dicate %):			
	External F	inancial Funding Assı	urance Statement:	
 By signing below, we confirm that: the listed PI may participate in the application described above. the project will be performed at the KI department listed above when funding is awarded. 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. the PI, Head of Department and Head of Administration are aware of, and approve, cofunding requirements if applicable. 				
-	Principal Investigator Name	Principa	al Investigator Signature	Date
-	Head of Department Name	Head c	f Department Signature	Date
· -	Head of Administration Name	Head of	Administration Signature	Date

*Depending on the call you apply for, the budget can include for example costs for travel, salaries, sustenance and project management. The allocated sums should be seen as a contribution to the actual costs and are not expected to cover the full costs or overhead costs. All pre and post contract management of funds in the Erasmus+ calls above are managed on department level. Make sure you consult the programme guide: https://ec.europa.eu/programmes/erasmus-plus/resources/ programme-guide_en