Letter of Support from the Institute supporting the Host Institute

Appendix No. 6 to the Terms and Conditions of the PASIFIC Call 1







This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Maria Skiddowska Curie grant agreement No 847639. Maria Skiddowska-Curie Actions



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Appendix No. 6 Terms and Conditions of the PASIFIC Call 1 of the Polish Academy of Sciences (PAS)

LETTER OF SUPPORT FROM THE INSTITUTE SUPPORTING THE HOST INSTITUTE

(name of the Institute, address of the registered seat)

Proposal title:

Applicant's full name:

Having reviewed the aforementioned Proposal, if it will be accepted for funding, the Host Institute declares as follows:

Article 1

If the Fellowship is funded, the Institute supporting the Host Institute commits to:

- 1) provide the Applicant with office/laboratory infrastructure and research equipment necessary to conduct the research in the scope of the Fellowship in the Research Area not covered by the Host Institute;
- 2) assign to the Applicant the Supporting Supervisor in the person of;
- 3) support the Host Institute in the provision of administrative and financial services necessary for the research carried out during the Fellowship, covering a Research Area not covered by the Host Institute;
- 4) support the Applicant and the Host Institute in obtaining the required approvals, opinions, permits, or authorisations in case the research carried out by the Applicant requires formal certification of compliance with ethical standards during its conduct.

Article 2

Should no funding be awarded from the PASIFIC Call 1, this letter of support will not entail any obligations for the Host Institute.

Article 3

Declaration of the person indicated as the Supporting Supervisor is attached to this letter of support.

Letter of support signed (place, date):

(authorised representative legible signature)





Appendix to the Letter of Support from the Institute Supporting the Host Institute

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(place, date)

(Supporting Supervisor's full name)

.....

.....

(title and place of employment)

.....

(contact details)

DECLARATION BY THE SUPPORTING SUPERVISOR

(legible signature)

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