**COMPLEMENTARY FUNDING DECLARATION**

*(To be filled in and signed by the managing/competent authority which would provide funding to complement the LIFE SNAP / SIP proposal and uploaded as part of the application. To insert additional declarations, copy the table as many times as necessary.)*

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| **SUPPORTING Authority** |
| **Authority:** | [name of the managing/competent authority] |
| **Department:** | [department name] |
| **Contact person:** | [NAME, name], [function] |
| **Legal address:**  | [street name], [number] [PO box][post code] [town/city name][country name][fax/email address] |
| **Confirmation of Support FOR COMPLEMENTARY FUNDING** |
| **Name of the project we support:** | [project title] *—* [acronym] |
| **We hereby confirm that:** |
| 1. the complementary actions identified in this proposal are in principle eligible for our financing
 | Yes / No  |
| 1. the amount available for potential financial support would be:
 | [amount] EUR |
| 1. the financial support would be available as from:
 | [MM / YYYY] |
| 1. we support the application and will take into account the link to the LIFE SIP/SNAP project when assessing the request for funding
 | Yes / No |
| **Additional comments** *(optional)* |
| Insert text |
| **Status of the Financial Commitment** |
| **Status:** | *[*committed / confirmed*] [*to be committed / confirmed*]* |
| **Comments:** | [insert comments] |
| **Signature of the authorised person**  |
| **Name and function:** | [name NAME], [function]  |
| **Date of signature:** | [date] |
| **Signature and stamp:** | [signature and stamp] |

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| **HISTORY OF CHANGES** |
| VERSION | PUBLICATION DATE | CHANGE |
| 1.0 | 15.04.2021 | Initial version (new MFF). |
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