**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.)*

|  |  |  |
| --- | --- | --- |
| **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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