Letter of intent

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| **Title of the TAPE:** |  |
| **Name of the organization:** |  |
| **Name of the statutory representative:** |  |
| **Official address of the organization:** |  |

Me, as the statutory representative of the Beneficiary/Associated partner of the Consortium submitting Territorial Action Plan for Employment in the frame of the Call for proposals SKHU/1703 of the Interreg V-A Slovakia-Hungary Cooperation Programme, hereby declare that my organization:

* participated in the preparation of the submitted application;
* in case of approval, is fully committed to elaborate the concerning project proposal for the second round of the selection procedure;
* in case of approval, is fully committed to implement and in case role of Beneficiary contribute to finance concerning projects under the Interreg V-A Slovakia-Hungary Cooperation Programme;

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| ………………………………………  Place and date | ………………………………………  Place and date |
| ………………………………………….  Statutory representative  of the Beneficiary/Associated partner | ………………………………………….  Statutory representative of the LB-CCP |