# ANNEX II. - Declaration on partnership

Declaration on partnership has to be filled in by the Lead Beneficiary and signed by the statutory representatives of each Beneficiary participating in project.

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| **Title of the project** |  |

The following Project partners wish to implement the above mentioned joint project:

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| **Project partners** | **Official name of the organisation** |
| **Lead Beneficiary** |  |
| **Beneficiary 1** |  |
| **Beneficiary 2** |  |
| **Beneficiary 3** |  |
| **Beneficiary 4** |  |
| **Beneficiary 5** |  |

*\*Please add more lines if needed*

The Lead Beneficiary and Beneficiaries by this way declare, that:

* The subjected project was developed jointly and wish to be implemented under Interreg V-A Slovakia-Hungary Cooperation Programme (as „Programme“)
* In case of project approval, Lead Beneficiary and Beneficiaries will sign a Partnership agreement with clearly defined tasks and obligations of concerned partners;
* Lead Beneficiary organisation will act in project as organisation responsible for the whole partnership;
* All Beneficiaries are responsible for own sub-activities of the project, have at least one employee being responsible for project implementation in case of flat rate calculation of staff cost and will cooperate with Lead Beneficiary;
* Lead Beneficiary and all Beneficiaries are aware, familiarized with the rules and conditions of the Programme and during project implementation will act in line with them;

The Lead Beneficiary by this way declare that the Lead Beneficary:

* assume responsibility for ensuring the implementation of the entire project;
* lay down the arrangements with the other partners in an agreement comprising provi-sions that, inter alia, guarantee the sound financial management of the funds allocated to the projects, including the arrangements for recovering amounts unduly paid;
* ensure that expenditure presented by all Beneficiaries has been incurred in imple-menting the operation and corresponds to the activities agreed between all the Beneficiaries.

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| **Lead Beneficiary** | **Beneficiary 1** |
| Date and place: | Date and place: |
| Signature: | Signature: |
| Name of the statutory representative: | Name of the statutory representative: |

|  |  |
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| **Beneficiary 2** | **Beneficiary 3** |
| Date and place: | Date and place: |
| Signature: | Signature: |
| Name of the statutory representative: | Name of the statutory representative: |

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| **Beneficiary 4** | **Beneficiary 5** |
| Date and place: | Date and place: |
| Signature: | Signature: |
| Name of the statutory representative: | Name of the statutory representative: |

*\*Please add more tables if needed or delete the empty ones*