

# Funding Agreement for U.Porto selected applicants

**Project:** EUGLOHRIA (101017572 — EUGLOHRIA — H2020-IBA-SwafS-Support-1-2020)

**[FULL NAME OF THE APPLICANT]**

**[INSERT STAFF NUMBER]**

**Faculty/Department/Associated Entity : [NAME HERE (ANGLICIZED VERSION]**

**Faculty/Department/Associated Entity Address: [FULL ADDRESS OF THE INSTITUTION HERE (ANGLICIZED VERSION]**

As a selected “Primary Applicant”, **[NAME OF THE PROJECT HERE],** within the “EUGLOHRIA Seeding Grant” call for applications -in the context of WP2 - Tackling Global Health crises: COVID-19 research and innovation in the alliance – of the EUGLOHRIA project- to be implemented from **[STARTING DATE]** to **[END DATE]**, I declare that I accept the conditions, stipulated on **The EUGLOHRIA Seeding Grant Regulation for U.Porto applicants**, for the funding allocation to support the activities in the approved work plan.

Furthermore, I understand that the non-delivery of elements, stated within 6.7 of the aforementioned regulation, within the prescribed period, entails the refund of the entire amount received by the primary applicant to the U.Porto, before the 30th of December 2023.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[FULL NAME OF THE PRIMARY APPLICANT HERE]**

The, **[INSERT NAME HERE (ANGLICIZED VERSION] of the Faculty/Department/Associated Entity**], Institution of origin of the selected participant **[FULL NAME OF THE PRIMARY APPLICANT HERE]** of the project, **[NAME OF THE PROJECT HERE],** within the “EUGLOHRIA Seeding Grant” call for applications -in the context of WP2 - Tackling global health crises: COVID-19 research and innovation in the alliance – of the EUGLOHRIA project- to be implemented from **[STARTING DATE]** to **[END DATE]**, we declare that we accept the conditions, stipulated on **The EUGLOHRIA Seeding Grant Regulation for U.Porto applicants**, for the funding allocation to support the activities in the approved work plan and confirm the following bank details for transferring the funding support:

|  |
| --- |
| Account holder: **[INSERT HERE]**  Bank name: **[INSERT HERE]**  BIC/Swift (if applicable): **[INSERT HERE]**  IBAN/NIB number: **[INSERT HERE]** |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[FULL NAME OF THE RESPONSIBLE FINANCIAL OFFICER OF THE Faculty/Department/Associated Entity]**