

**list of state aid relevant activities**

 **with indicated budget**

|  |  |
| --- | --- |
| Project title |  |
| Project acronym  |  |
| Project number  |  |

I, the undersigned, as the authorised representative of the organisationlisted below, acting as applicant/ beneficiary No. in the above mentioned project hereby certify that the following activities are state aid relevant:

|  |  |
| --- | --- |
| Title of activity | Planned costs |
| Title of Activity Package | Budget Heading | Amount, EUR |
| 1. |  |  |  |
| 2. |  |  |  |
| ... |  |  |  |
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| --- | --- |
| Official title of the organisation in English |  |
| Official title of the organisation in national language |  |
| Legal status in English |  |
| Legal status in national language |  |
| Legal address |  |
| Registration number  |  |
| Name of the authorised representative |  |
| Position |  |

**DOCUMENT IS SIGNED WITH SAFE ELECTRONIC SIGNATURE AND CONTAINS A TIME MARK**