BUSINESS CASES SECOND OPEN CALL

**DECLARATION OF HONOUR TEMPLATE**

Project:
Boosting Interregional Innovation Investment and cooperation among Health Innovation Ecosystems

Acronym:
I3HIES

No: 101132842

|  |  |
| --- | --- |
| Work Package | WP4: Business case design |
| Activity | Task 4.1: Idea validation and business planning support |
| Date of Issue | 24.02.2025 |
| Document Issued by | INT |
| Contributors | All Partners |
| Version | 0v01 |

**DECLARATION OF HONOUR for participation in the I3HIES Business Cases Second Open Call**

*(To be filled out by the applicant and signed by its legal representative. In case of consortium, this will be signed only by the leading organization in less developed region)*

I, the undersigned, [enter name of legal representative] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

authorised to represent [enter name of organization, if applicable] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

leader of the [enter name of your business idea] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_team

hereby certify that:

1 — the information provided in the context of the I3HIES project for the participation in the I3HIES Second Open Call is correct and complete;

2 — the information concerning the legal status given to the I3HIES consortium is correct;

3 — my idea proposal commits to comply with all the eligibility criteria, as defined in the Guide for

Applicants for the I3HIES Business Cases Second Open Call;

4 — my organisation [if applicable]:

− is committed to participate in the action;

− has or will have the necessary resources as and when needed to carry out its involvement in the abovementioned action;

SIGNATURE:

For the Team leader [name of the organization] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[function/forename/surname] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Place], [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_