**STATEMENT ON DOUBLE FUNDING**

I hereby state that:

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of CSO)

Specify one of the options:

A) did not receive

funding for the project or program **submitted**, from public sources, according to public calls from government agencies, municipalities, other public institutions, EU funds or other local or international funds in the current calendar year.

or

B) has applied

for funding the project/program, but the evaluation of the project / program is **still in process**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of institution and the public call in which the project has applied)

In case of the positive outcome of the process I will, without delay, inform municipality of Lipjan/Lipljan and ReLOaD programme in order to implement measure that will prevent possibility of the double funding.

I declare under penal and material responsibility that all information included in the statement are true, accurate and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (stamp)

Full name and signature of authorized CSO representative