PARTICIPANT’S APPROVAL

The original copy of signed document shall be kept by the Coordinator. For projects with only one Participant, the original copy of signed document shall be kept by the Beneficiary.

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| Vinnova’s ref.no: |  |
| Title of Project: |  |
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| Coordinator: |  |
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| Participant: |  |
| Address: |  |
|  |  |
| Participant’s reg.no. |  |
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The Participant hereby undertakes to perform the project in accordance with Vinnova’s decision, including the terms and conditions, and in accordance with, by Vinnova approved, Project Description.

**For Participant, which has been granted funding that is not state aid (**based on 5 § [Förordning (2015:208) om stöd till forskning och utveckling samt innovation | Sveriges riksdag](https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/forordning-2015208-om-stod-till-forskning-och_sfs-2015-208/)**) the following also applies:**

By signing, the Participant hereby confirms that it has read and understood the regulations regarding what constitutes economic activities. By signing, the Project Party hereby certifies on its honor and conscience that economic activities are not conducted within the framework of the project, and that separate accounting is applied. For more information: [Rules for funding | State aid for economic activities | Vinnova](https://www.vinnova.se/en/apply-for-funding/rules-for-our-funding/state-aid-to-companies/)

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| Place, date |  | Place, date | | |
|  |  |  | | |
| Signature (by authorized signatory)\* |  | Signature (by authorized signatory if more than one signatory is required)\* | | |
|  |  |  | | |
| Name in block letters |  | Name in block letters | | |
|  |  |  | | |
| Title |  | Title | | |
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| \*) The individual(s) signing the document must be authorized to do so in his/her capacity as registered signatory or by power of attorney, delegation or similar; Vinnova may request a copy of a document evidencing such authority. | | |  |
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| Point of Contact |  |  | | |
|  |  |  | | |
| Title |  |  | | |
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| Phone no. |  |  | | |
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| e-mail |  |  | | |