

Open Call for regional testbeds

**Declaration of Honour**

The Invest4Health project has received funding from the European Union's Horizon Europe Research and Innovation Programme under Grant Agreement 101095522

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The participation of UK partner University of Oxford in this project is supported by UKRI grant number 10061251

The participation of UK partner Hywel Dda University Health Board is supported by UKRI grant number 10063637

IMPORTANT NOTICE: THIS DOCUMENT NEEDS TO BE PRINTED AND FILLED AND SIGNED BY ALL APPLICANTS, ATTACHED AND SUBMITTED IN A UNIQUE DOCUMENT TO THE SUBMISSION EMAIL. MISSING DECLARATION OF HONOR OF ANY APPLICANT WILL MAKE THE APPLICANT NON-ELIGIBLE. THIS DOCUMENT CANNOT BE MODIFIED.

DECLARATION OF HONOUR for participation in

Invest4Health Open Call

[To be filled out by each applicant and signed by its legal representative]

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

authorized to represent [enter name of organization] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as

part of the [enter name of project] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_team.

hereby certify that:

1 — the information provided in the context of the Invest4Health project for the participation in the Open Call is correct and complete;

2 — the information concerning the legal status given to the Invest4Health consortium is correct;

3 — my organization commits to comply with all the eligibility criteria, as defined in the Open Call text;

4 — my organization:

− is committed to participate in the proposed activities (the action);

− has stable and sufficient sources of funding to maintain its activity throughout its participation in the action and to provide any counterpart funding necessary, and

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

5 — my organization is not in one of the situations which would exclude it from receiving support from EU projects, i.e. it:

− is not bankrupt or being wound up, is not having its affairs administered by the courts,

− has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, or is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

− it has not been convicted of an offence concerning their professional conduct by a judgment of a competent authority of a Member State which has the force of res judicata;

− is in compliance with its obligations relating to the payment of social security contributions and the payment of taxes, in accordance with the legal provisions of the country in which it is established;

− it has not been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organization, money laundering or any other illegal activity, where such illegal activity is detrimental to the EU’s financial interests;

− is not subject to a conflict of interest in connection with the participation in the action;

− will inform the Invest4Health consortium, without delay, of any situation considered a conflict of interests or which could give rise to a conflict of interests;

6 — my organization is aware that it will not be provided support if, in the course of the action, it:

− is subject to a conflict of interests;

− is guilty of deliberate misrepresentation in supplying the information required by the Invest4Health consortium as a condition of participation in the action, or fail to supply this information;

− finds itself in one of the situations of exclusion listed above.

SIGNATURE:

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

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

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

