Interfaz de usuario gráfica, Texto

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ANNEX II

DECLARATION ON HONOR

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| **RESETTING 1st OPEN CALL FOR TOURISM SMES** | | |
| Action Plan title: | **…………………………..** | |
| By signing this declaration, I hereby declare that: | | |
| I have read and accepted terms and conditions set out in this Call for Proposals and its annexes; | | |
| I have read and accepted the Guidelines for Awarding Financial Support to Third Parties (Tourism SMEs) of the **COSME Programme COS- TOURINN – 2020-3-04 GRO/SME/20/C/07 call** *(see AnnexV);* | | |
| I have read the Confidentiality and Communication rules applicable to this Call for Proposals; | | |
|  | | |
| I, the undersigned ……………..............…, representing the «……….......…….» */ ……………...............…….. (Name of SME in local language and in English) hereby* state that: |  | |
| I am legally authorised to sign this statement on behalf of *SME…..................……..*; |  | |
| All information provided by *SME ………...........* required as a condition for participating in the Call for Proposals is correct to the best of my/our knowledge; |  | |
| *SME ………..* has the adequate legal capacity to participate in the Call for Proposals and especially to submit all required documents; |  | |
| *SME ………..* has the adequate organisational and financial capacity to implement the project, if awarded, as described in the Proposal and in accordance with the contractual framework of this Call for Proposals; |  | |
| The information in the Proposal is accurate and true to the best of my knowledge; |  | |
| *SME ………..* is not bankrupt, subject to insolvency or winding up procedures, its assets are not being administered by a liquidator or by a court, it is not in an arrangement with creditors, its business activities are not suspended or it is not in any analogous situation arising from a similar procedure provided under national legislation or regulations; | (DROP DOWN LIST OF SECTORS) | |
| It has not been established by a final judgement or a final administrative decision SME ……….. is in breach of its obligations relating to the payment of taxes or social security contributions in accordance with the law of the country in which it is established or those of the country of the implementation of the action plan; |  |  |
| *SME ………..* is in compliance with its obligations relating to the payment of social security contributions or payment of taxes in accordance with the legal provisions of the country in which it is established; | | |
| *SME ………..* and any person legally authorised to represent it has not been involved in fraud, corruption, cooperation with a criminal organisation, money laundering or other illegal activity; | | |
| *SME ………..* is not under reimbursement obligation of State Aid deemed illegal or incompatible with the European market; |  | |
| *SME ……….. and* any person legally authorized to represent it has not been guilty of grave professional misconduct; |  | |
| *SME ………..* is not subject to a conflict of interest |  | |
| *SME…*… hasn’t received funding from other public entities for the same item of costs for the present action plan |  | |
| I understand that *SME ………..* will not be receive funding under this Call for Proposals if: | | |
| It finds itself in one of the situations of exclusion listed above; | | |
| It has misrepresented the information required as a condition for participating in the procedure or has failed to supply that information; | | |
| It is subject to a conflict of interest. | | |
| In the event that the Action Plan is successful, I/we authorise the RESETTING consortia to publish the following information in any form and medium, including via internet: |  |  |
| The Project Partner’s name and address | | |
| The subject of the Project and a short description thereof |  |  |
| The amount awarded and the Grant rate | | |
| I understand that if *SME ………..* will not provide the required information and documents on the development of the action plan, such as financial and final reporting, will need to promptly return the funding received. | | |

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| **C. Action Plan Outline** | | |
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| **5. Detailed description of the problem (maximum 1,000 words)** | | |
| Which is the problem/challenges your enterprise needs to address/solve? Which is the objective you seek to achieve with the participation in this Open Call? How will your company benefit from the proposed action plan?   Please, include any images, statistics, studies or documents that may help illustrate your point. | | |
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| **6. Proposed Solution (maximum 1,000 words)** | | |
| Which actions that could be undertaken might solve this problem and how?  Please, refer to the proposed actions of the catalogue. | | |
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| **7. Impact (maximum 500 words)** | | |
| Explain which are the potential impacts that may derive from your participation in the Open Call, towards SMEs digitalization and Smart Tourism? | | |
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| **8. Expertise and resources (maximum 500 words)** | | |
| Name the key resources that you will provide to implement the action (e.g. man-hours, materials, external experts etc.). Please, include any images or documents that may help illustrate your point. | | |
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| **10. Budget of the action** | | |
| Clearly indicate the budget for each category and the total budget estimated. Please, remind that the maximum budget is €9000 and only some specific costs are eligible (see *List of eligible activities* of the call text). The budget that will not be justified will need to be returned. | | |
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| **10. Additional Documentation** | | |
| Please, include any other relevant documentation that you deem relevant. | | |
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| **D. Authorization** | | |
| **Authorization for sharing information** | | |
| I, the undersigned [ENTER FULL NAME], CERTIFY that the information stated above is true, correct, and complete to the best of my knowledge. Likewise, I confirm that the enterprise has no objection to the information contained herein being shared with the Evaluation Committee and that there does not exist any conflict of interest. | | |
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|  |  |  |
| **Name** | **Signature** | **Date (DD/MM/YYYY)** |
|  |  | …..…/…………/………… |
|  |  |  |
| **Full title/Position** | **Enterprise name** |  |
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