

ANNEX 4

Affidavit

The undersigned

Identification data:

PIN

ID series No. issued by . . . on

Address:.....

City:..... County:.....

Contact info: tel. Mobile.....

e-mail: website

as:

- Certified individual entity
- legal representative of the institution/organization:

Name of the institution/organization:

Position:

Title of the project:

Identification code:

I hereby declare under oath that (tick the respective boxes with the pen!):

- I. The applicant is not in any of the following situations:
 - The applicant is not in default;
 - The applicant does not have the payments or accounts blocked based on a final court decision;
 - The applicant has not knowingly infringed the provisions of another publicly funded contract;
 - The applicant is not guilty of false statements regarding its economic situation;
 - The applicant has no debts to the state budget, the state social insurance budget, the health social insurance budget, the local budgets or the special funds;
 - The applicant is not convicted of: abuse of trust, fraudulent management, deception, embezzlement, giving or taking bribes, perjury, forgery, use of forgery, misappropriation of funds;
 - The applicant is not under winding-up or liquidation procedure;

- The applicant complied with the obligations undertaken by the previous non-reimbursable financing contracts;
- The activity carried out within the cultural project is not generating profit

II. I will secure the minimum contribution from the total value of the project proposed for financing and I will prove the availability of my own contribution

III. All information contained in the Grant Application is true, accurate and complete.

IV. It constitutes a conflict of interest any situation which prevents the applicant at any time from acting in accordance with the objectives of the financing authority, as well as the situation in which the objective and impartial execution of the duties of any person involved in the implementation of the programme, project or action may be compromised for family, political, economic reasons or any other interests common to another person. I, the undersigned, as a natural person or as a person entitled to represent the applicant organization regarding the implementation of the project, I undertake to take all the necessary preventive measures to avoid any conflict of interest, as defined above, and I also undertake to inform the financing authority of any situation that generates or could generate such a conflict.

Being aware of the sanctions provided under art. 326 of the Criminal Code for the offense of false statements, we have checked the information in this affidavit, conforming it to be complete and accurate.

Name and signature of the legal representative of the institution:	
Stamp of the requesting institution:	
Date:	