# Letter of Intent

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### to be filled in by an organisation participating in a project

|  |  |
| --- | --- |
| **Project identification** | |
| Project number | Click here to enter text. |
| Project name | Click here to enter text. |
| Project acronym | Click here to enter text. |
| Lead partner of the project | Click here to enter text. |
|  | |
| **Associated partner identification** | |
| Name of the associated partner | Click here to enter text. |
| Legal status/Type of organisation | Click here to choose the type. |
| Legal address | Click here to enter text. |
| Location/Area of active work | Click here to enter text. |
| Contact person | Click here to enter text. |
| Position | Click here to enter text. |
| Phone | Click here to enter text. |
| E-mail | Click here to enter text. |

### Confirmation of the partner organisation

Hereby I confirm the intention of name of the partner to participate as an associated partner in implementation of above mentioned cross-border project.

|  |  |
| --- | --- |
| Date | Click here to enter a date. |
| Signature |  |
| Name of the signatory | Click here to enter text. |
| Position in the organisation | Click here to enter text. |