**Annex 2**

**Declaration of eligibility**

I, the undersigned, .............….....................………..., legal representative of ............. holding the position of ..........………….........., within………………, born on ............................., in ........………....…...., place of residence ....……................. str.............................................................................. county …………............ telephone ....…….…….......... e-mail …………………post code .............. holder of the Identity Card series ..... no. ...….…....... issued by ......…………........... on .....……...., Personal Identification Number ………………..….., declare under my responsibility that the activities under the bilateral initiative for which we apply for a grant under the Fund for Bilateral Relations managed by the National Focal Point within the Ministry of Investments and European Projects is not and has never been financed, wholly or in part, from other public or private financing sources.

I, the undersigned, legal representative of ..............., certify that all the information contained in this application, including the description of the bilateral initiative, is true and that I am aware of the content of the annexes of application form.

I confirm that the institution/organization I represent has the financial and operational capability to complete the proposed bilateral initiative.

I have acknowledged that, according to the provisions of legal framework applicable to the Fund for Bilateral Relations, the grant cannot be awarded to promoter or partners who are in any of the following situations:

a) in bankruptcy in liquidation, under judicial administration, suspended activity, are object of any procedures related to such issues or are in any situation of the kind arising from a similar procedure provided by the national legislation or regulations;

b) have been convicted for a breach related to their professional conduct by a final and binding court decision;

c) have been found guilty of serious professional errors, proven by any means that the competent authorities can justify;

d) have not fulfilled their obligations related to the contributions to social security or to the payment of taxes, according to the legal provisions in the country where they are established or in the country of the National Focal Point or in the country where the contract is to be implemented;

e) have been object of a final court decision for fraud, corruption, participation in a criminal organization or in any illegal activities, to the detriment of the financial interests of the beneficiary state or of Norway.

I confirm that neither I, nor the institution I am the legal representative of, are in any of the situations described above, and I am aware of the sanctions that may occur in case of false declarations.

Name:

Position:

Date:

Signature: