**FORM**

1. **CONSORTIUM PARTNER CANDIDATE DATA**

|  |  |
| --- | --- |
| **MASTER DATA** | |
| Full name |  |
| Full name – other |  |
| PIN |  |
| REGON |  |
| Legal form |  |
| Website Address |  |
| E-mail address for correspondence |  |
| Country |  |
| Street |  |
| Building No. |  |
| Apartment No. |  |
| Zip code |  |
| Locality |  |
| Municipality |  |
| Voivodeship |  |
| **AUTHORISED PERSON AFTER A BINDING DECISION HAS BEEN TAKEN** | |
| Name and surname |  |
| Position |  |
| Telephone |  |
| E-mail address |  |
| **WORKING CONTACT PERSON** | |
| Is it a person designated as having the right to make a binding decision? |  |
| Name and surname |  |
| Position |  |
| Telephone |  |
| E-mail address |  |

1. **POTENTIAL OF THE CANDIDATE FOR A CONSORTIUM PARTNER**

|  |  |
| --- | --- |
| **SCIENTIFIC-TECHNICAL / EDUCATIONAL POTENTIAL** | |
| Declared contribution to the consortium |  |
| Alignment of the activity with the consortium's objective |  |
| Experience in conducting clinical trials/research experiments |  |
| Scientific/educational potential of the subject |  |
| Technical capacity (at a minimum, provide an overview of the expertise required for the implementation of the project and the number of staff with such expertise who are employed and assigned to the project) |  |
| **ADMINISTRATIVE CAPACITY** | |
| Indication of which projects with the use of public funds have been implemented in the last 10 years – total number of projects, value, sources of funding – for the entire entity |  |
| Whether the candidate has implemented Standard Operating Procedures (SOPs) |  |
| Information on whether the candidate has a specialized unit handling external projects |  |

1. **CANDIDATE'S SUPPLEMENTARY STATEMENT**

3.1. I declare that ...................................................................................................................................................

*(entity name, address)*

is not in arrears with the payment of taxes, as well as with the payment of social and health insurance contributions, the Labour Fund, the State Fund for the Rehabilitation of the Disabled or other receivables required by separate regulations.

...................................................................... ....................................................................

*(city, date) (signature of the person representing the candidate)*

3.2. I declare that in view of ......................................................................................................................................

*(entity name, address)*

There are no court, administrative, enforcement, fiscal or penal fiscal proceedings, the outcome of which may affect the performance of the tasks specified in the project.

...................................................................... ....................................................................

*(city, date) (signature of the person representing the candidate)*

3.3. Oświadczam, że ...................................................................................................................................................

*(nazwa podmiotu, adres)*

nie został wykluczony z możliwości otrzymania dofinansowania w ramach konkursów organizowanych przez Agencję Badań Medycznych.

...................................................................... ....................................................................

*(city, date)* *(signature of the person representing the candidate)*

3.4. I declare that

.....................................................................................................................................................................................

*(entity name, address)*

It has the necessary knowledge, experience, premises and has the appropriate technical and human potential to carry out the tasks envisaged for the consortium partner in the project.

...................................................................... ......................................................................

*(city, date) (signature of the person representing the candidate)*