**PARTNER APPLICATION FORM**

**for cooperation in the implementation of the project "Redevelopment and adaptation of the Polish Post Museum in Gdańsk"**

|  |  |  |
| --- | --- | --- |
| **I. INFORMACJA O PODMIOCIE** | | |
| **1. Name of the entity** | | |
| **2. Organizational form** | | |
| **3. VAT ID** | | |
| **4. Registration number** | | |
| **5. Address of the registered office** | | |
| 6.1. Town | | |
| 6.2. Street | | |
| 6.3. House number | | |
| 6.4. Apartment number | | |
| 6.5. Zip code | | |
| 6.6. e-mail | | |
| 6.7. website | | |
| **7. A person authorized to make binding decisions on behalf of the partner**  in accordance with the entry in the relevant register or records or authorization or power of attorney.  If, in accordance with legal documents defining the functioning of the entity (e.g. articles of association, entry in the National Court Register, etc.), the signature of more than one person is required to represent the entity, then all authorized persons should be indicated in point 7 by adding further points.  If the person signing the offer acts on the basis of a power of attorney or authorization, then the authorization to represent the entity should be attached to this form. | | |
| 7.1. Name | | |
| 7.2. Last name | | |
| 7.3. Phone number | | |
| 7.4. e-mail | | |
| **8. Working contact person** | | |
| 8.1. Name | | |
| 8.2. Last name | | |
| 8.3. Phone number | | |
| 8.4. e-mail | | |
| **II. SUBSTANTIVE SCOPE** | | |
|  | | **Description** |
| **1.** | **The entity’s proposed contribution to the partnership’s objective** |  |

**Experience of the candidate for a partner in the implementation of projects consistent with the objectives of the partnership**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name | Characteristics (e.g. target group, type of activities) | Results | Value of the project | Co-financed from EU funds (yes/no) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **III. Statements** |
| --- |
| 1. I declare that the data contained in this application are true. |
| 2. I declare that the institution I represent is not in arrears with the payment of taxes, as well as with the payment of social security and health insurance contributions, the Labor Fund, the State Fund for Rehabilitation of Disabled Persons or other dues required by separate regulations. |
| 3. I declare that the entity I represent is not subject to exclusion from the possibility of receiving funding, including the exclusion referred to in art. 207 sec. 4 of the Act of 27 August 2009 on Public Finance (Journal of Laws No. 157, item 1240, as amended). |
| 1. I declare that the entity I represent is not an entity related to the Applicant within the meaning of Annex I to Commission Regulation (EU) No. 651/2014 of 17 June 2014 declaring certain types of aid compatible   with the internal market pursuant to Art. 107 and 108 of the Treaty (Journal of the EU L 187 of June 26, 2014). |
| 5. I declare that I consent to the disclosure of information about the selection of the institution I represent - in the event of an invitation to negotiations and/or selection to act as a Partner. |