[Team Leader’s Name Surname]

[Complete Institution Address]

 [Day Month Year]

**Object: Declaration by Partner Institution**

I, the undersigned, [Team Leader’s Name Surname] of [Institution Name] for the Project EDGES, hereby declare that [Name Surname of Researcher] (hereinafter referred to as the Staff Member) has applied to be seconded to the [Host Institution] from [Day, Month, Year] in the context of the MSCA Project EDGES (GA: 101130077).

Having seen

* the attached application for secondment duly signed by the staff member, who commits him/herself to fulfill his/her obligations arising from the Grant Agreement;
* the attached CV;

I declare, under my personal responsibility, that the secondment is compliant with the eligibility criteria and the relevant provisions listed in the EDGES Grant Agreement, and in particular that:

* the researcher to be seconded is a staff member of the [Institution Name];
* the Staff Member has been actively engaged in or linked to research and innovation activities for at least 1 month at the sending institution;
* the Staff Member has the relevant expertise for the action;
* for the duration of the secondment, the Staff Member will have a link conferring to the necessary legal means in terms of control and instructions to ensure the implementation of the activities in compliance with the Grant Agreement and applicable national law and internal practices;
* the rights and obligations of the Staff Member remain unchanged during the secondment;
* the secondment period is at least 1 month (30 days) long, and does not exceed 12 months including previous secondments of the Staff Member on the same EDGES project;
* the Staff Member is covered with adequate health and accident insurance during the secondment period;
* the Beneficiary will be informed of any event which might affect the implementation of the project as related to the present secondment and of any circumstance affecting the conditions of participation referred to in the Rules of Participation, the Financial Regulation and any requirements of the Grant Agreement.

[Signature]

[Name Surname of Team Leader]

Researcher at [Institution Name]

Team Leader for the Project EDGES