

The Applicant Statement is required by all applicants. The information provided here will be used by IZA management for contracting and grant management purposes in case of successful applications.

Application Number

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Applicant Institution (legal name)

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Application Title

.....

Address of Institution

.....

Legal Representative Name

(The person legally authorized to sign on behalf of the institution)

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Legal Representative Position / Title

.....

Contact Person Name

(This will be the person contacted by GLM|LIC administration)

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Alternative Contact Person Name

.....

Contact Person Email

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Alternative Contact Person Email

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Principle Investigator (P.I.) Name

.....

P.I. Email

.....

Partners

(Use acronyms if possible)

.....

Application Number

.....

The undersigned, representing the above institution, declares that the Information entered above and in the Electronic Application Portal under the above application number is correct and that the application has been approved for submission by the due authorities in the institution.

The institution is legally authorized to perform the proposed services and is a recognized body in its home state.

I give my consent on behalf of the above institution that IZA may deliver the documents submitted during the institution's application to its external advisors and peer-reviewers for proposal evaluation.

I understand that this consent cannot be withdrawn until twelve months after the submission deadline for the relevant call.

The undersigned, representing the above institution, declares that

- the institution is not bankrupt or being wound up, is not having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, or is in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- the institution has not been convicted of an offence concerning its professional conduct by a judgment against which no appeal is possible;
- the institution does not have a record of grave professional misconduct;
- the institution has not been convicted by a judgment against which no appeal is possible for fraud, corruption, involvement in criminal organizations or any other criminal activity or breach of applicable or national law that is of relevance to the proposal procedures;
- the institution has fulfilled its tax obligations, obligations relating to the payment of social security contributions or obligations relating to the treatment of employees
- the institution is not based in a state the government of which is not diplomatically recognized by the international community due to human rights abuses, and
- the Institution's participation would not cause a conflict of interest.

By signing this form, the undersigned acknowledges that IZA may request proof that none of the above situations apply at any point during the application or service provision.

Date
of signature

.....

Name
of Legal Representative

.....

Signature
of Legal Representative

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