***STIPP -* SME Transition Innovation Partners Projects**

***Pre-financing form***

This form must be filled in and signed by the requesting project partner(s) & the Lead partner.

Once ready, **it must be sent** **by the Lead partner by email** to: [stipp-fm@prvlimburg.nl](mailto:stipp-fm@prvlimburg.nl)

**1. Partner pre-financing request**

The following section must be filled in by the partner(s) requesting the pre-financing and the Lead Partner.

Select one option:

☐ I request a 1st pre-financing of 30% of the anticipated ERDF amount.

**- OR -**

☐ I request a 2nd pre-financing of 10% of the anticipated ERDF amount.

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| --- | --- |
| **Project acronym** |  |
| **Project identification number** (SMEXXXXX) |  |
| **Partner 1 requesting pre-financing**  (name of the organisation in JEMS-STIPP) |  |
| **Name & signature of**  **Partner 1 legal representative** |  |
| **Partner 2 requesting pre-financing**  (name of the organisation in JEMS-STIPP) |  |
| **Name & signature of**  **Partner 2 legal representative** |  |
| **Partner 3 requesting pre-financing**  (name of the organisation in JEMS-STIPP) |  |
| **Name & signature of**  **Partner 3 legal representative** |  |

*If needed – add extra boxes to the form for each consortium member requesting pre-financing.*

**2. Lead partner confirmation**

The following section must be filled in by the Lead Partner. Tick the boxes and sign to agree on the statements.

☐ As Lead Partner, I would like to request a pre-financing for the project partner(s) mentioned in the above section *Partner pre-financing request*.

Liability statements

☐ I, the undersigned, representing the Lead partner organisation mentioned above, certify that:

* I acknowledge that pre-financing is a favour and that the pre-financing decision can be reevaluated by the *STIPP SME Grant Scheme* at any time,
* the information provided in this pre-financing request is true and complete,
* I am aware that the lack of veracity of the information or the distortion of this document will entail the invalidity of the merits affected and that I may be liable for legal responsibility.

Optional - additional comment explaining the need for pre-financing:

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*Name and signature of the legal representative of the Lead partner:*

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*Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_*

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**Pre-financing decision**

**This section should remain empty** (it will be filled in by the STIPP Fund Management)

* *Reception date of the request in full:* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *Approval date of the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*