

**National PPI Network (2021)**

***Partnership Form***

**Section 1: Details of Partnership**

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| **Please indicate whether you are a National or local partner** |
| **Local Partner**  **National Partner** |
| **If Local which Lead Site are you partnering with?** |
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| **Partner** |
| **Name, Institution/Organisation and address** |

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| **What are you, as a partner, contributing to the delivery of the project and what activities will you be involved in? (max 300 words)** |
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| **Please describe how the proposed partnership will help ensure the National PPI Network proposed activities will be achieved (max 150 words)** |
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| **The terms of any partnership should be determined early and relevant written agreements should be in place prior to the onset of the project. Outline any considerations made in relation to issues such as relative roles and responsibilities and governance arrangements with partner organisations. (max 150 words)** |
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**Section 2: Funding**

**Please provide details of any income and/or expenditure to the project arising out of this partnership. *Please note that any items of expenditure claimed from the project budget must also be added in the budget section of the application form.***

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| **Category** | **Cost (€)** | **Specify whether 1,2 or 3**   1. **In-kind contribution** 2. **Funding requested from project budget** 3. **Additional funding leveraged from elsewhere** |
| e.g. consumables |  |  |
| e.g. advice |  |  |

**Please extend table as necessary to include additional categories**

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| **Provide details and justification with regard to each item listed in the table above (max 200 words)** |
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**Section 3: Signatures**

***The Lead Applicant signature is required for all national partnerships. Site Lead signatures are required for local partnerships.***

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| **Lead Applicant**  As the Lead Applicant I confirm, to the best of my knowledge, that the information provided is correct.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Site Lead**  As the Site Lead I confirm, to the best of my knowledge, that the information provided is correct.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Partner**  As Partner I confirm, to the best of my knowledge, that the information provided is correct.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Partnership forms must be included with the application. Forms must be completed, signed, dated and uploaded where indicated on GEMS. Electronic signatures are preferable but typed signatures are acceptable on forms/letters to be uploaded on GEMS at this time.**