**Letterhead of [Sending Institution]**

[Name] [Family name]

[Post at Sending Institution]

[Official address]

[Date]

**Object: Declaration by Partner Organisation**

I, the undersigned, Professor at the [Sending institution] and Local Coordinator for the Project REVFAIL, hereby declare that [Name of the seconded Staff Member] (hereinafter referred to as the Staff Member) has applied to be seconded to the [Host institution] (hereinafter referred to as the Beneficiary) from [Start date] until [End date] in the context of the MSCA Project REVFAIL [GA: 823998]

Having seen

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

I declare, under my personal responsibility, and with the agreement of the undersigned [Head of the Department, Dean, Head of Faculty, etc. if necessary] that the secondment is compliant with the eligibility criteria and the relevant provisions listed in the REVFAIL Grant Agreement, and in particular that:

* the researcher to be seconded, [Name of the seconded Staff Member], is a staff member of the [Sending Institution];
* the Staff Member has been actively engaged in or linked to research and innovation activities for at least six (6) months at the sending organisation;
* 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 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 Staff Member is entitled to obtain full reintegration to the [Sending Institution] after the secondment period;
* 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 REVFAIL 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 participations referred to in the Rules of Participation, the Financial Regulation and any requirements of the Grant Agreement.

[Name] [Family Name]

Professor at the [Host institution]

Local Coordinator for the Project REVFAIL

[Signature]

[Name of the Head of the Department, Dean or Head of Faculty, if necessary]

[Signature]