



618578-EPP-1-2020-1-BE-EPPKA2-CBHE-JP

## ANNEX III - Eligible Budget of the project

Following the assessment and the financial analysis by the Evaluation Committee, the estimated budget of your project has been revised because ineligible costs were identified. Please refer to the table and comments below for further details on the changes that have been made to the project budget.

To confirm that the project consortium will be able to implement the project with the revised budget and to achieve all its objectives and outcomes as described in the application, please sign this document and send a scanned copy back to the Executive Agency as soon as possible following the dispatch of this communication and no later than 10 September 2020 - together with the completed Annex I - to the following email address: [eacea-eplus-cbhe-projects@ec.europa.eu](mailto:eacea-eplus-cbhe-projects@ec.europa.eu)

Please note that this document must be signed by the actual legal representative (e.g. Rector) (or his/her representative through the power of attorney) of the applicant organisation. If the legal representative of the applicant organization has changed since the submission of the application, this needs to be formalised in the Participant Portal and be mentioned in Annex I.

Headings	EU Grant Requested (€)	Ineligible Costs (€)	Maximum EU Grant Proposed (€)	% of the Maximum EU Grant Proposed
Staff costs	352.887,00	0,00	352.887,00	39,79 %
Travel and subsistence	151.410,00	0,00	151.410,00	17,07 %
Costs of stay	176.920,00	0,00	176.920,00	19,95 %
Equipment costs	152.500,00	35.500,00	117.000,00	13,19 %
Subcontracting costs	90.000,00	1.309,23	88.690,77	10,00 %
Exceptional costs	0,00	0,00	0,00	0,00 %
<b>Total EU Grant</b>	<b>923.717,00</b>	<b>36.809,23</b>	<b>886.907,77</b>	

### Information on ineligible costs

P7 (Israeli Association of Public Health Physicians) - Equipment costs - 35,500.00 €- Partner is not a Higher Education Institution.

Subcontracting costs – 1,309.23€- Ineligible as above ceiling of 10% due to ineligible costs under Equipment costs.

I hereby confirm that the project consortium is able to implement this project with the revised budget and to achieve all its objectives and outcomes as described in the application.

\_\_\_\_\_  
Name of the legal representative

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the legal representative