

Annex no. 4: Agreement of Cooperation with an Associate Partner

**AGREEMENT OF COOPERATION WITH AN ASSOCIATE PARTNER**

|  |  |
| --- | --- |
| **Full legal name of associate partner** |  |
| Address |  |
| City |  |
|  | |
| Name and surname of legally  authorised representative |  |
| Position |  |
| Telephone |  |
| E-mail |  |
|  | |
| Name and surname of the contact person |  |
| Position |  |
| Telephone |  |
| E-mail |  |

If the applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *title of the applicant*  will be selected for co-financing by the Ministry of Public Administration at the Call for proposals for development and professionalisation of NGOs and volunteering 2019, with the project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(title of the project)* we, as the associated partner, will cooperate in the implementation in following ways:

Upon ending the project *(tick appropriately)*

* We do not see the need to cooperate with the applicant/ partners after ending the project.
* We intend to cooperate with the applicant/ partners in the continuation of project in following ways:

a.)

b.)

*Stamp of associate partner and signature of the legally authorised representative*

|  |  |
| --- | --- |
| STAMP | SIGNATURE |
|  |  |