



FEDERAL RESEARCH PROGRAMME ON DRUGS.

**Federal Research Programme Drugs**

# INSTITUTION REQUEST FORM

If your research institution is not in the list of eligible partners on the submission platform, you can complete this Institution Request Form and send it to [drugs\_call@belspo.be](mailto:drugs_call@belspo.be). Only requests accompanied by the completed Institution Request Form and the necessary annexes will be evaluated.

**To be eligible as a project partner and receiving BELSPO funding, your institution must demonstrate that it belongs to the non-profit sector and that its statutes clearly contain the pursuit of scientific research.**

|  |  |
| --- | --- |
| Name of the Institution: |  |
| Acronym of the Institution: |  |
| Legal form: |  |
| Name of the Director: |  |
| Contact person: |  |

|  |  |
| --- | --- |
| Full address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel: |  | Email: |  |

|  |  |
| --- | --- |
| Website: |  |

## EVIDENCE OF SCIENTIFIC ACTIVITY

|  |
| --- |
| Refer here to the part of the articles of association of your organisation where scientific activities are mentioned. **Annex the full articles of association to this Form.** |
| *Part of the articles of association where scientific research is mentioned:* |
| Click here to enter text. |
| *Describe and provide evidence of recent research activities and public grants eventually received:* |
| Click here to enter text. |

The State reserves the right to request additional information and/or evidence to complete the eligibility evaluation.

## COMMITMENT

The undersigned, ........................, acting in the capacity of .................................... within the above-mentioned research institution, declares that this notification and the accompanying documents are true and sincere.

Drawn up in **...........** on ........./......../..........

Signature: