[Лист-клопотання ОУ](http://www.pl-by-ua.eu/upload/ua/Klopotannya_JMA_ENG.doc)

**Ms./Mr.**

Director of the Directorate for coordination of international technical assistance

Secretariat of the Cabinet of Ministers of Ukraine

12/2, Grushevskogo Str.

01008 Kyiv Ukraine

Subject: Request on state registration of a project “……………….”

Dear Ms/Mr,

In accordance with the procedure of involvement, use and monitoring of the international technical assistance which is approved by the Regulation of the Cabinet of Ministers of Ukraine dated 15.02.2002 № 153 "On the creation of uniform system of involvement, use and monitoring of the international technical assistance" we are asking you to carry out the procedure of the state registration of the European Union technical assistance project **“……………………….”** financed within the framework of ENPI CBC Programme Poland-Belarus-Ukraine 2014-2020.

**Donor** of the European Union technical assistance project:

Name: Managing Authority (Minister of Development Funds and Regional Policy of the Republic of Poland)

Legal address: 2/4 Wspólna Str., 00-924, Warsaw, Poland

Full name, position of a coordinator of works:

**Executor** of the European Union technical assistance project:

Name: ………………..

Legal address: …………………….

Code according to the Unified State Register of Enterprises and Organizations of Ukraine (if any): ……………………..

Full name, position of a coordinator of works: …………………..

**Recipient (s)** of the European Union technical assistance project (each recipient separately):

Recipient 1:

Name: …………………….

Legal address: …………………………………..

Full name, position of the authorized person: ...........

Code according to the USREOU (if any):…………………….

Recipient 2:

Name: …………………….

Legal address: …………………………………..

Full name, position of the authorized person: ...........

Code according to the USREOU (if any):…………………….

**Beneficiary** of the European Union technical assistance project:

Name: …Oblast State Administration

Legal address: …………………………………..

Full name, position of the authorized person: ...........

**Reference number** of the European Union technical assistance project given by the donor:

**Estimated cost** of the European Union technical assistance project:

Total budget of the Action: ………………….. Euro

including:

* EU grant: ……………… Euro
* contribution of Partners: ……………….. Euro
* budget for Ukraine: ………………………. Euro

**Implementation period** of the European Union technical assistance project:

Duration: ../../20.. - ../../20..

Guarantee period (if any): N.A.

**Implementation stages** of the European Union technical assistance project (if any): -

**International agreement**, under which the project of European Union technical assistance is implemented: Financing Agreement accounting number ENI-CBC/2015/039-006 between the European Commission and Government of Ukraine for the Joint Operational Programme of the Cross Border Cooperation Programme Poland-Belarus-Ukraine 2014-2020.

Signature of authorized person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_