**Letter of Intent**

This Letter of Intent confirms that I support the application by *name of applicant* to undertake a Science Communication Project with the name of the Science Communication Partner.

I can confirm that *name of applicant* will be allowed to travel or be otherwise available during the times proposed in the Science Communication Project.

I can confirm that *name of institution* **will/ not** be the financially responsible partner.

For the partner institution responsible for receiving and administering the funds. I can confirm that *name of institution* will be the financially responsible partner for this Science Communication Project.

The funds will be administered by *the name and contact data of the person administering the funds*.

|  |  |
| --- | --- |
| Title & Name: |  |
| Department: |  |
| University: |  |
| Address: |  |
| Email: |  |
| Phone: |  |
|  |  |
| Signature: |  |
| Date: |  |