**LETTER OF SUPPORT (MS/REGION S3 ENDORSEMENT)**

|  |  |  |
| --- | --- | --- |
| **competent National/REGIONAL AUTHORITY responsible for THE S3 management** | | |
| **Competent authority:** | [name of the competent regional/national institution/body, responsible for the management of S3 in line with Annex IV of Regulation [2021/1060](https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32021R1060)] | |
| **Department:** | [department name] | |
| **Contact person:** | [NAME, name], [function] | |
| **Legal address:** | [street name], [number]  [PO box]  [post code] [town/city name]  [country name]  [fax/email address] | |
| **confirmation of support** | | |
| **Name of the project we support:** | HealthChain | |
| **Coordinator:** | Myriam Martin, head of project management at Ticbiomed | |
| **We hereby confirm that:** | | |
| 1. we support the application | | Yes / No |
| 1. it is consistent and addresses the national/regional S3 policies, strategies and priorities as identified by this authority | | Yes / No |
| **Additional information** *(optional)*  *Add additional information on the project’s contribution to the S3 priorities.* | | |
| Insert text | | |
| **Signature of the authorised person** | | |
| **Name and function:** | [name NAME], [function] | |
| **Date of signature:** | [date] | |
| **Signature and stamp:** | [signature and stamp] | |