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

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| **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] |