

Mobility Grant Agreement

between

**Univerzita Karlova
Charles University**

- hereafter referred to as
“Grant provider”

First name, Last name:

Date and place of birth:

Address:

Email:

CU personal number:

- hereafter referred to as
“Grant holder”

§ 1 Partial Mobility Grant

The Grant provider awards the grant holder on behalf of the 4EU+ Alliance a **partial mobility grant** totalling euros (euros travel allowance + euro living allowance) to finance participation in the following activities:

4EU+ educational project number:

Brief description of planned activities during mobility (max. 100 words):

Host institution:

Country of destination:

Funding period:

from:

to:

§ 2 Provision of the grant to the Grant holder

Once this agreement is signed, the grant provider will, without undue delay, transfer the full grant amount to the **grant holder's bank account** stated below (page 3).

§ 3 Insurance

The mobility participant (Grant holder) shall have adequate insurance coverage. The mobility participant agrees to ensure for themselves an adequate insurance for medical expenses, liability insurance and/or accident insurance, especially if such insurance is required or recommended by the host institution. The participant undertakes to secure the insurance for the entire duration of the mobility period.

§ 4 Burden of proof

The grant holder confirms that he/she does not receive any other grant to fund the purpose of the mobility grant stated in § 1. The grant holder is obliged to present the grant provider proof that the mobility grant was used for the purpose for which it was intended by delivering the original copy of the **Certificate of completion** (page 4), signed by the host institution, within **one month** following the conclusion of the funding period to the Grant provider.

§ 5 Obligation to report and cooperate

The grant holder is obliged to inform the grant provider immediately of any changes to his/her circumstances, which may affect the disbursement and amount of the mobility grant.

The grant holder is expected to contact their department / study coordinator in order to settle questions concerning the recognition of academic achievement attained during the grant-funded stay abroad.

The grant holder is individually responsible for obtaining an appropriate health, accident and liability insurance for the grant-funded stay abroad.

§ 6 Cancellation of the mobility grant

The grant provider has the obligation to cancel the mobility grant for valid reason, in which case the mobility grant payments are to be halted immediately. A valid reason exists if one of the following cases applies:

- a) The purpose of the mobility grant can no longer be achieved
- b) The grant holder obtained the mobility grant by intentionally or negligently deceiving the grant provider with respect to essential details (false or incomplete data or failure to disclose key information).
- c) There is evidence indicating that the grant holder either knowingly or unintentionally through gross negligence used the mobility grant for purposes for which it was not intended or did not do what was required or reasonably expected to achieve the intended purpose of the mobility grant.

- d) 'Force majeure' make the implementation of the mobility as defined in § 1 impossible. In this case the grant provider will cover the costs that have occurred until the day of the cancellation.

§ 7 Repayment of the mobility grant

In the case of cancellation due to the reasons stated in § 6 of this Mobility Grant Agreement, the grant holder is obliged to repay the instalments already paid out.

Should the grant holder prematurely end his/her stay due to reasons he/she intentionally or negligently caused, he/she is obliged in principle to repay the mobility grant, in full or in appropriate part.

Bank details of the grant holder

Account holder:

Credit institution (bank):

IBAN:

BIC:

Information on the Processing and Protection of Personal Data

We informed the grant holder hereby that the personal data in this Mobility Grant Agreement are forwarded to the grant provider in accordance with current data protection regulations for purposes of payment verification and statistical analysis.

Representing the Grant provider

Grant holder

Place, date, signature, stamp

Place, date, signature

CERTIFICATE OF COMPLETION

(to be provided by the host institution/host coordinator after the mobility)

4EU+ educational project number:

We hereby certify that _____ has completed activities planned during mobility in our institution.

This mobility took place at

from:

to:

Representing the host institution

Name and Surname, position

Place, date, signature, stamp