**LETTER OF SUPPORT OF THE COMPETENT NATIONAL CIVIL PROTECTION AUTHORITY/MARITIME AUTHORITY**

*(To be filled in and signed by the competent national civil protection/maritime authority for each country benefitting from the proposed action, assembled by the coordinator and uploaded in a single file in the Portal Submission System as part of the application.)*

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| --- |
| **supporting AUTHORITY** |
| **Competent authority:** | [name of the competent national civil protection authority/maritime authority] |
| **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:**  | [Baltic civil defense cooperation for complex emergencies] *—* [BCD] |
| **Coordinator:** | [Emilija Une Karaliene], [Lithuanian Red Cross] |
| **We hereby confirm that:**  |
| 1. we support the application
 | **Yes** / No |
| 1. it is consistent with national policies, plans and procedures, and addresses well-identified needs in the country
 | **Yes** / No |
| 1. we will participate in the project as beneficiary
 | **Yes** / No |
| 1. *for Full-scale exercises only*: we will participate as exercise player as required by the legal base governing the national participation in the Union Civil Protection Mechanism (i.e. ensuring at minimum the participation of the declared 24/7 national operational contact point, etc.)
 | Not Applicable |
| **Additional information** *(optional)**Add additional information on the project’s contribution to the national Prevention and Preparedness priorities.* |
| Insert text |
| **Signature of the authorised person**  |
| **Name and function:** | [name NAME], [function]  |
| **Date of signature:** | [date] |
| **Signature and stamp:** | [signature and stamp] |