**ANNEX 3**

**Letter of Support**

Click or tap here to enter text. *(Name of Institution)*, represented by Click or tap here to enter text. *(Full Name and Function of the Signatory Person)* hereby expresses its engagement to fully support the application of the Institution for the SHARE Peer Multiplier Training & dissemination projects.

If the project proposal is selected, the institution states its commitment to provide full support for the project coordinator(s), Click or tap here to enter text. *(Full Name(s) of Project Coordinator(s))* and the implementation of the project within 5 months.

The Institution hereby assures to use the funds according to the submitted budget plan.

Date: Click or tap to enter a date.

Signature of University Leadership & Official Stamp of the Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Click or tap here to enter text.

*(Signatory’s Full Name)*