Name

Address

**Date:**

**Climate-KIC Education Mobility Program Grant Award Letter (EIT funded)**

Dear XXXX,

We are delighted to confirm that Aalto-korkeakoulusäätiö (“**Aalto**”), duly incorporated, organized and existing under the laws of Finland with registered principal office at Otakaari 1, Espoo under the Business ID number 2228357-4 (the “**Grantor”**)has agreed to make an award on the basis of the accepted proposal to Name, Address (“**Recipient”**) in the form of cost reimbursement up to the amount of XXX EUR and participation in the Mobility Program (the “**Grant**”) subject to the terms of this letter including any annexes that may be attached (“**Award Letter**”). Please note that the Grantor receives funding for this Grant from The European Institute of Innovation and Technology (“**EIT**”) via Climate-KIC Holding B.V. (“**Climate-KIC**”).

Further details of which are set out below:

|  |  |
| --- | --- |
| Program Name | Climate-KIC Mobility Program |
| Authorised Purposes to which costs may be allocated: | * Installation (transport) costs – 100 EUR/month * Living allowance – 500 EUR/month |
| Reimbursement Installments | 600 EUR per month, for a total of XXXX EUR for the internship/study abroad for an agreed period |
| Key Deliverables | Submission of documents:   * Confirmation of Stay (Annex 1) * Mobility Report (Annex 2) |
| Award conditions | * Period of mobility to be notified and agreed in advance * Letter of Invitation from the host institution returned with acceptance of the Award * Confirmation that the Recipient does not receive any other EU-scholarships * Recipient obtaining appropriate health, accident and liability insurance * Notification of any changes of Recipient address and/or bank account * Use of the scholarship for the agreed upon studies/internship only * Submission of the completed “Confirmation of Stay” within one 1 week upon return at the guest university/internship provider (Annex 2) * Submission of the completed “Mobility Report” three 3 weeks after return at the latest (Annex 3) * Repayment of the scholarship in case the study abroad project/internship was not effected, in case of an early return without valid reasons or if the Recipient does not abide to the scholarship regulations * In the event of the mobility being affected by the COVID-19 outbreak, notification to the primary contact person at Aalto as soon as possible and completion of Annex 8 – COVID-19 Mobility Amendment |
| Primary contact person at Aalto | Mark Hughes, Professor, Department of Bioproducts and Biosystems, School of Chemical Engineering, Aalto University. Email: [mark.hughes@aalto.fi](mailto:mark.hughes@aalto.fi); Telephone: +358 50 512 2615 |
| Recipient Bank Account Details: | Bank name:  Bank address:  SWIFT / BIC :  IBAN:  Account holder: |

If the Recipient would like to accept this Grant, a signed copy of this Award Letter must be returned within two weeks of the date of this Award Letter in order to indicate the Recipient’s acceptance of the terms and conditions herein (Annex 1), together with a Letter of Invitation or Admission from the host institution.

The Recipient should understand that he/she is personally responsible for adequate insurance coverage for the Mobility period. Aalto University recommends that students travelling abroad obtain independent health and medical insurance, particularly in compliance with any insurance requirements of the visa/residence permit for the destination country. Recipients conducting their Mobility within the European Union are advised to obtain the European Health Insurance Card (EHIC). Furthermore, Recipients are reminded that they should check the benefits offered by the local student card. The Recipient should be aware that if hospitalization is necessary for any reason while in a foreign country during their time abroad, Aalto University does not take any responsibility for payment of such costs.

Please refer to the documents, guidelines and other material communicated by the Grantor (on its own behalf and on behalf of third partner funders and related agents) from time to time.

The Recipient should not hesitate to contact the primary contact point at the Grantor if there are any queries or additional support is required in the meantime.

Yours sincerely,

|  |  |  |
| --- | --- | --- |
| Professor Herbert Sixta  Head of Department |  |  |
| Signature |  | Date |

**THE RECIPIENT ACKNOWLEDGES AND ACCEPTS THE TERMS AND CONDITIONS OF THE AWARD LETTER**

**SIGNED** for and on behalf of the Recipient

Name

Recipient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Attachments:**

Annex 1 – Terms and Conditions

Annex 2 – Confirmation of Stay template

Annex 3 – Mobility Report template

Annex 8 – COVID-19 Mobility Amendment