**MSCA COFUND PRE-EVALUATION SUPPORT**

**PRE-EVALUATION SERVICE**

**PRO-FORMA OFFER**

Proposal Date

|  |
| --- |
| **Name/Surname of Client :**  |
| **Name/Surname of Service Provider :****(Expert Organization / Individual Expert)** |
| **Scope and Content of the Service :** |
| **Name of the concerned Project :** |
| **Call ID :** |
| **Call Deadline :**  |
| **Start-End Date of the Service :** |
| **Cost of the Service :** |

Name / Surname / Contact Information of the Service Provider

Signature-Stamp