*Fund*

**Evaluator’s Declaration**

As an appointed evaluator of the funding programme *\_\_\_\_\_\_\_\_\_\_\_*, application deadline dated \_\_\_\_\_\_\_\_ at noon, after having reviewed the list of applicants, I hereby declare that I am not in a position that may result in a conflict of interest. I declare that I am not involved as a sponsor, consultant, participant or collaborator in any of the eligible projects submitted for evaluation nor do I have immediate family involved as a sponsor, consultant, participant or collaborator in any of the eligible projects submitted for evaluation. I have not been approached by any of the applicants in order to exert any influence on the selection process. Following my appointment as evaluator I will not discuss any of the eligible projects with any applicants or other individuals or organisations.

On viewing the applications should any such situation of conflict arise, I bind myself to immediately inform the moderator of the evaluation session. I accept that the Director of Strategy or other delegated officials of Arts Council Malta requested to investigate the matter may request my resignation as evaluator of the session.

I agree that in terms of Chapter 496 of the Laws of Malta (Freedom of Information Act) in specific cases where the Council receives an official request by one of the applicants, which request satisfies all the criteria laid down in the law, the Council will be bound to divulge to the particular applicant any information relating to the process by which the result was attained. Information might include, findings on material issues of fact, information on which the findings were based, reasons for the decision or recommendation and also the disclosing of the identity of the evaluator when expressly asked for.

I commit myself to respecting the confidentiality throughout the whole process and to safeguard the intellectual property of any relevant material submitted in the applications.

**Signed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mr/Ms

 **Name of Evaluator Signature**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_