**FULBRIGHT SPECIALISTS PROGRAM**

**Host institution cost-share commitment**

1. **FULBRIGHT SPECIALIST PROJECT (REF.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **SPECIALIST (NAME, HOME INSTITUTION):**

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

1. **HOST INSTITUTION:**

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

1. **ESTIMATED COST (US Dollars):**
* **Lodging**: \_$\_
* **In-Country Transportation**: \_$\_
* **Meals**: \_$\_
1. **PRIMARY CONTACT (NAME, POSITION):**

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

**I, hereby, sign this commitment that my institution will pay for all expenses related to the Fulbright Specialist Project in Portugal, namely those regarding lodging, in-country transportation and meals, and confirm that no costs will be charged to the Specialist.**

**NAME AND SIGNATURE (AUTHORIZING OFFICER):**

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

***[Este formulário deve ser preenchido, assinado e enviado (ficheiro .pdf) para a Comissão Fulbright Portugal (Dora Reis Arenga,*** ***darenga@fulbright.pt******)]***