

## MANDATE

I, the undersigned,

\_\_\_\_\_(name), \_\_\_\_\_ (function), representing the  
\_\_\_\_\_ (name of organisation), \_\_\_\_\_ (acronym)  
official legal status or form: .....  
official registration number: .....  
full official address: .....  
VAT number: .....  
Erasmus+ organisation ID: .....

hereinafter referred to as "the partner organisation" or "my organisation",

for the purposes of participating in the project **2021-1-LU01-KA151-YOU-000004829 – ERYICAdeMy – Training of Trainers in Youth Information and Counselling** under the Erasmus+ programme (hereinafter referred to as "the project")

hereby:

### 1. Mandate

the European Youth Information and Counselling Agency (Agence Européenne pour l'Information et le Conseil des Jeunes a.s.b.l.; ERYICA)  
*official legal status or form:* a.s.b.l  
*official registration N°:* F3438  
full official address: 87, route de Thionville, L-2611 Luxembourg, Luxembourg  
*VAT number:* n/a  
Erasmus+ organisation ID: E10030647  
represented by Eva Reina, Director

hereinafter referred to as "the coordinator"

to manage the project and its funding, as well as liaise with the Luxembourgish Erasmus+ Programme National Agency *Anefore*, hereinafter referred to as "the National Agency".

2. Mandate the coordinator to act on behalf of my organisation in compliance with the grant agreement.

I hereby confirm that I accept all terms and conditions of the grant agreement and, in particular, all provisions affecting the coordinator and the other beneficiaries. In particular, I acknowledge that, by virtue of this mandate, the coordinator alone is entitled to receive funds from the National Agency and distribute the amounts corresponding to my organisation's participation in the project.

I certify that the information related to my organisation contained in this form is correct and that my organisation has not received/applied for any other EU funding to carry out the activity which is the subject of this project.

I hereby accept that my organisation will do everything in its power to help the coordinator fulfil its obligations under the grant agreement, and in particular, to provide to the coordinator, on its request, documents or information may be required in relation to the grant agreement.

I hereby declare that the organisation I represent is not in any of the situations of exclusion set out in the project application and that it has the operational and financial capacity to complete the proposed action or work programme as set out in the project.

I hereby declare to agree on behalf of my organisation that the provisions of the grant agreement shall take precedence over any other agreement between my organisation and the coordinator that may have an effect on the implementation of the grant agreement, including this mandate.

I hereby declare that I am aware of the role and tasks of the sending organisations in the learning process during the ToT. My organisation has the capacity and the willingness to accompany the participants in their learning and support them to successfully complete the training programme.

SIGNATURE

Name and position of the legal representative

Name of organisation

Done at \_\_\_\_\_ on \_\_\_\_\_

Eva Reina, Director

The European Youth Information and Counselling Agency (Agence Européenne pour l'Information et le Conseil des Jeunes a.s.b.l.; ERYICA)

Done at Luxembourg, on 24 .09. 2022.

In duplicate in English