

INFORMARE

Vă informăm că, EuropeMov, organizație non-profit portugheză ce își desfășoară activitatea pentru a oferi tinerilor cel mai bun start în viață, caută urgent parteneri pentru proiecte Erasmus +.

Asociația are o bogată experiență în dezvoltarea de proiecte Erasmus + și în colaborarea cu diferite entități europene.

În prezent, EuropeMov colaborează cu mai multe organizații/ entități pe diferite propuneri de proiect cu tematici ca: formare profesională, sprijin social pentru persoane defavorizate, patrimoniu, sprijin pentru familii, protecția copilului, orientare pentru tineret, arta/ muzică, voluntariat, sănătate, învățare non-formală (ateliere) etc., implicându-se în principal în inițiative culturale.


Data limită pentru manifestarea interesului: urgent.

Contact pentru manifestarea interesului și detalii: Pedro Pereira, geral@europemov.com, tel.: 00351.214.091.238

Pentru a deveni partener, se solicită transmiterea prin e-mail a următoarelor documente:

- codul PIC (codul de identificare al participantului);
- fișa de parteneriat completată;
- mandatul completat, scanat și semnat.

Documentele necesare pentru completare precum și mai multe informații găsiți în fișa de prezentare anexată.

Întocmit: Prenume, Nume	Funcția	Semnătura	Data
Mușete Ana-Maria	Consilier principal		07.10.2016

MANDATE TEMPLATE

Before using the mandate template please read this information carefully

A mandate is a **bilateral agreement** between the coordinating organisation and each partner organisation taking part in an Erasmus+ project by which the partner organisation authorizes the coordinating organisation to act on its behalf in matters related to the project implementation.

Mandates should be **submitted preferably as an annex to the grant application** or at the latest by the time of signature of the grant agreement.

As regards the Erasmus+ actions managed by **National Agencies** (see Erasmus+ Programme Guide), a mandate must be provided:

- For **Key Action 1 – Learning Mobility of Individuals**:
 - by all partner organisations for mobility actions in the youth field;
 - by the organisations that are members of a national consortium in the fields of higher education, vocational education and training, and adult education.
- For **Key Action 2 – Strategic Partnerships**:
 - By all partner organisations, **except** for:
 - partner organisations in projects involving schools only
 - associated partners in projects promoting cooperation between local/regional school authorities
- For **Key Action 3 – Structured Dialogue in the youth field**:
 - By all partner organisations

As indicated in the Erasmus+ Programme Guide, grant agreement models will be made available on the Commission's website as soon as possible.

MANDATE¹

I, the undersigned,

[forename and surname of the legal representative of the partner organisation signing this mandate],

representing,

[full official name of partner organisation] *[ACRONYM]*

*[official legal status or form]*²

*[official registration No]*³

[full official address]

[VAT number],

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

for the purposes of participating in the project [Title] under the Erasmus+ programme (hereinafter referred to as "the project")

hereby:

1. Mandate

[full official name of the coordinator] *[ACRONYM]*

[official legal status or form]

*[official registration No]*⁴

[full official address]

[VAT number],

represented by [forename, surname and function of the legal representative of the coordinator]

(hereinafter referred to as "the coordinator")

¹ One original version of this Annex to be included for each partner organisation except for the coordinator.

² To be deleted or filled in according to the "Legal Entity" form

³ To be deleted or filled in according to the "Legal Entity" form

⁴ To be deleted or filled in according to the "Legal Entity" form

To submit in my name and on behalf of my organisation the project application for funding within the Erasmus+ programme to [Name of the National Agency where the application is going to be submitted] in [Name of the country]

hereinafter referred to as "the National Agency"

In case the project is granted by the National Agency, to sign in my name and on behalf of my organisation the grant agreement and its possible subsequent amendments with 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 application 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 application.

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 application.

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.

This mandate shall be annexed to the [project application/grant agreement]⁵ and shall form an integral part of the grant agreement in case the project is selected for funding.

SIGNATURE

⁵ Choose as appropriate depending on when the mandate is submitted

[forename, surname, function of the legal representative of the mandating partner organisation]

[signature]

Done at [place], [date]

[forename and surname of the legal representative of the coordinator],

[full official name of the coordinator] *[ACRONYM]*

[signature]

Done at [place], [date]

In duplicate in English

C.2. Partner Organisation

PIC (<i>Participants Identification Code</i>)	
Full legal name (National Language)	
Full legal name (Latin characters)	
Acronym	
National ID (if applicable)	
Department (if applicable)	
Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Website	
Email	
Telephone 1	
Telephone 2	
Fax	

C.2.1. Profile

Type of organisation	
Is the partner organisation a public body?	
Is the partner organisation a non-profit?	
<i>Is your organisation: a public body at regional/national level; an association of regions; a European Grouping of Territorial Cooperation; or a profit-making body active in Corporate Social Responsibility?</i>	

C.2.2. Accreditation

Has the organisation received any type of accreditation before submitting this application?

Accreditation Type	Accreditation Reference
Accreditation of Youth Volunteering Organisations (ERAPLUS-EVS-CHARTER)	
Accreditation for EVS under Youth in Action (LLP-EVS-CHARTER)	

C.2.3. Background and Experience

Please briefly present the partner organisation.

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What are the activities and experience of the organisation in the areas relevant for this application?

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Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project.

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Have you applied for/received a grant from any European Union programme in the 12 months preceding this application?

If Yes, Please indicate:

<i>EU Programme</i>	<i>Year</i>	<i>Project Identification or Contract Number</i>	<i>Applicant/Beneficiary Name</i>

C.2.4. Legal Representative

Title	
Gender	
First name	
Family name	
Department	
Position	
Email	
Telephone 1	

If the address is different from the one of the organisation...

Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Telephone 2	

C.2.5. Contact Person

Title	
Gender	
First name	
Family name	
Department	
Position	
Email	
Telephone 1	

If the address is different from the one of the organisation...

Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Telephone 2	