**Mandate***[[1]](#footnote-1)*

I, the undersigned,

|  |  |
| --- | --- |
| forename and surname of the legal representative of the partner organisation signing this mandate | Nome e cognome del/della Dirigente Scolastico/a |

representing,

|  |  |
| --- | --- |
| [full official name of partner organisation] | Denominazione ufficiale dell’Istituzione Scolastica |
| *[ACRONYM]* | *Acronimo o abbreviazione* |
| [*official legal status or form*][[2]](#footnote-2) |  |
| [*official registration No*]*[[3]](#footnote-3)* | Codice Meccanografico | *Inserire qui* |
| OID | *Inserire qui* |
| [full official address] | *Indirizzo ufficiale completo* |
| [*VAT number*] | *Partita IVA* *Codice Fiscale* |

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] | Ufficio Scolastico Regionale per la Sardegna |
| *[ACRONYM]* | USR Sardegna |
| [*official legal status or form*] | National Public Body |
| [*official registration No*][[4]](#footnote-4) | OID E10199763 |
| [full official address] | Via Giudice Guglielmo n° 46, 09131 Cagliari, Italia. |
| [*VAT number*] | C.F. 80012550929 |

represented by [forename, surname and function of the legal representative of the coordinator] **Francesco Feliziani, General Director for Schools in Sardinia**(hereinafter referred to as "the coordinator”),

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 🡪 **Agenzia Nazionale Erasmus INDIRE**] in [Name of the country 🡪 **IT02 (ITALIA)**]

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 [project application Form ID: **KA121-SCH-88D34F38**] and shall form an integral part of the grant agreement in case the project is selected for funding.

SIGNATURE

|  |  |  |
| --- | --- | --- |
| Forename, surname, function of the legal representative of the mandating partner organisation | Nome e Cognome | *Inserire qui* |
| Funzione | Dirigente Scolastico |
| [signature] | Firmare qui |
| Done at [place], [date] | *Inserire qui la data* |
|  |
| Forename and surname of the legal representative of the coordinator | Nome e Cognome | Francesco Feliziani |
| Funzione | Direttore Generale |
| [full official name of the coordinator] | Ufficio Scolastico Regionale per la Sardegna |
| *[ACRONYM]* | USR Sardegna |
| [signature] | Firmare qui |
| Done at [place], [date] | Cagliari (per la data, vedere la firma digitale) |

In duplicate in English

1. One original version of this Annex to be included for each partner organisation except for the coordinator. [↑](#footnote-ref-1)
2. To be deleted or filled in according to the "Legal Entity" form. [↑](#footnote-ref-2)
3. To be deleted or filled in according to the "Legal Entity" form. [↑](#footnote-ref-3)
4. To be deleted or filled in according to the "Legal Entity" form. [↑](#footnote-ref-4)