

ASSOCIATED BENEFICIARY DECLARATION (complete for each Associated Beneficiary)

The undersigned hereby certifies that:

1. My organisation

Województwo Mazowieckie

has not been served with bankruptcy orders, nor has it received a formal summons from creditors. My organisation is not in any of the situations listed in Articles 93.1 and 94 of Council Regulation 1605/2002 of 25/06/2002 (OJ L248 of 16/09/2002).

2. My organisation (which is legally registered in the European Union) will contribute

82,000 € to the project. My organisation will participate in the implementation of the following actions:

A.1, A.2, B.4, B.5, B.6, B.7, B.8, D.1, D.4, D.5, D.6, D.7, D.8, D.10, D.11, D.12, E.1, E.2, E.3

The estimated total cost of my organisation's part in the implementation of the project is

178,220 €.

3. My organisation will conclude with the coordinating beneficiary an agreement necessary for the completion of the work, provided this does not infringe on our obligations, as stated in the grant agreement with the European Commission. This agreement will be based on the model proposed by the European Commission. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.
4. For the purposes of the implementation of the agreement regarding this project between the European Commission and the coordinating beneficiary:
 - a) My organisation grants power of attorney to the coordinating beneficiary, to act in our name and for our account in signing the above-mentioned agreement and its possible subsequent riders with the European Commission. Accordingly, my organisation hereby mandates the coordinating beneficiary to take full legal responsibility for the implementation of such an agreement.
 - b) My organisation hereby confirms that we have taken careful note of and accept all the provisions of the above agreement with the European Commission, in particular all provisions affecting my organisation and the coordinating beneficiary. In particular, my organisation acknowledges that, by virtue of this mandate, the co-ordinator alone is entitled to receive funds from the Commission and distribute to my organisation the amount corresponding to our participation in the action.
 - c) My organisation hereby agrees to do everything in our power to help the coordinating beneficiary fulfil his obligations under the above agreement. In particular, my organisation hereby agrees to provide him whatever documents or information may be required, as soon as possible after receiving his request.
 - d) The provisions of the above agreement, including this mandate, shall take precedence over any other agreement between my organisation and the coordinating beneficiary which may have an effect on the implementation of the above agreement between the coordinating beneficiary and the Commission.

I am legally authorised to sign this statement on behalf of my organisation.

I have read in full the Common Provisions (attached to the Model Grant Agreement provided with the LIFE+ application files).

I certify to the best of my knowledge that the statements made in this proposal are true and the information provided is correct.

At Warszawa on 15-07-2011

Signature of the Associated Beneficiary:

Name(s) and status of signatory: Adam Struzik - Marszałek Województwa Mazowieckiego