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FRONTEX RESEARCH GRANTS PROGRAMME

Call for Proposals 2022/CFP/RIU/01

NOVEL TECHNOLOGIES FOR BORDER MANAGEMENT (OPEN THEME)

Annex 2.1 – Letter of Mandate

MANDATE[[1]](#footnote-1)

I, the undersigned[[2]](#footnote-2),

|  |
| --- |
| **LEGAL REPRESENTATIVE OF THE FUTURE BENEFICIARY SIGNING THIS MANDATE** |
| Family name |  |
| First name  |  |
| Position/Function/Mandate |  |
| Telephone | + | Mobile | + |
| Fax |  |
| E-mail address |  |

representing

|  |
| --- |
| **IDENTITY OF THE FUTURE BENEFICIARY** |
| Official name in full |  |
| Acronym(if applicable) |  |
| Official legal status or form[[3]](#footnote-3) | [ ]  Non-Profit Private Law Body (100% privately financed)[ ]  Non-Profit Public Law Body (100% publicly financed)[ ]  Non-Profit Public-Private Body (publicly co-financed) |
| Place of establishment or registration (Address and country) |  |
| Entity registration number[[4]](#footnote-4)(Not applicable if the applicant is a public-sector body) |  |
| VAT number (If applicable) |  |

|  |
| --- |
| **CONTACT DETAILS OF THE FUTURE BENEFICIARY - FULL OFFICIAL ADDRESS** |
| Street address |  |
| Postcode |  |
| City |  |
| Region (if applicable) |  |
| Country |  |
| Telephone | + | Mobile | + |
| Fax |  |
| E-mail address |  |
| Website |  |

hereinafter referred to as “the beneficiary”,

for the purposes of submitting the proposal for the action entitled [*insert title of the action*] under the **Call for Proposals 2022/CFP/RIU/01 in the frame of the “Frontex Research Grants Programme”** and, if selected for funding, the signature and the implementation of the related grant agreement (hereinafter “the grant agreement”) with Frontex

hereby:

1. Mandate

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| **IDENTITY OF THE COORDINATOR** |
| Official name in full |  |
| Acronym(if applicable) |  |
| Official legal status or form[[5]](#footnote-5) | [ ]  Non-Profit Private Law Body (100% privately financed)[ ]  Non-Profit Public Law Body (100% publicly financed)[ ]  Non-Profit Public-Private Body (publicly co-financed) |
| Place of establishment or registration (Address and country) |  |
| Entity registration number[[6]](#footnote-6)(Not applicable if the applicant is a public-sector body) |  |
| VAT number (If applicable) |  |

|  |
| --- |
| **CONTACT DETAILS** **OF THE COORDINATOR - FULL OFFICIAL ADDRESS** |
| Street address |  |
| Postcode |  |
| City |  |
| Region (if applicable) |  |
| Country |  |
| Telephone | + | Mobile | + |
| Fax |  |
| E-mail address |  |
| Website |  |

represented by

|  |
| --- |
| **LEGAL REPRESENTATIVE OF THE COORDINATOR** |
| Family name |  |
| First name  |  |
| Position/Function/Mandate |  |
| Telephone | + | Mobile | + |
| Fax |  |
| E-mail address |  |

hereinafter referred to as “the coordinator”

to sign in my name and on my behalf the Grant Application Form, the Grant Agreement and its possible subsequent amendments with Frontex.

1. Mandate the coordinator to act on behalf of the beneficiary in compliance with the grant agreement.

I hereby confirm that the beneficiary accepts 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 Frontex and distribute the amounts corresponding to the beneficiary’s participation in the action.

I hereby accept that the beneficiary 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, whatever documents or information may be required.

I hereby declare that the beneficiary agrees that the provisions of the grant agreement, including this mandate, take precedence over any other agreement between the beneficiary and the coordinator which may have an effect on the implementation of the grant agreement.

Subject to selection for a grant award, a copy of this mandate shall be annexed to the grant agreement signed by the coordinator and Frontex and shall form an integral part thereof.

SIGNATURE

[Forename, surname, function of the legal representative of the mandating beneficiary]

[signature]

Done at [place], [date] Stamp of the beneficiary organisation

In duplicate in English

1. One original version of this Annex to be included for each beneficiary except for the Coordinator. [↑](#footnote-ref-1)
2. To be signed by the person authorised to enter into legally binding commitments on behalf of the future beneficiary. [↑](#footnote-ref-2)
3. To be filled-in in accordance with the ‘Legal Entity’ form. [↑](#footnote-ref-3)
4. To be filled-in in accordance with the ‘Legal Entity’ form. [↑](#footnote-ref-4)
5. To be filled-in in accordance with the ‘Legal Entity’ form. [↑](#footnote-ref-5)
6. To be filled-in in accordance with the ‘Legal Entity’ form. [↑](#footnote-ref-6)