



ASSOCIATED BENEFICIARY DECLARATION and MANDATE

I, the undersigned, Basilio Rada Martínez (1), representing, Organismo Autónomo Parques Nacionales. OAPN, Public body, , Calle José Abascal, 41, Madrid, 28071, Spain, VAT number ESQ2821022G, hereinafter referred to as "the associated beneficiary", for the purposes of the signature and the implementation of the grant agreement Sharing Awareness and Governance of Adaptation to Climate Change in Spain with the Contracting Authority (hereinafter referred to as "the grant agreement") hereby:

1. Mandate FUNDACIÓN BIODIVERSIDAD (FB), Public body, G-82207671, CALLE JOSÉ ABASCAL 4, Madrid, 28003, Spain, VAT number , represented by Sonia Castañeda Rial (hereinafter referred to as "the coordinating beneficiary") to sign in my name and on my behalf the grant agreement and its possible subsequent amendments with the Contracting Authority.
2. Mandate the coordinating beneficiary to act on behalf of the associated beneficiary in compliance with the grant agreement.

I hereby confirm that the associated beneficiary accepts all terms and conditions of the grant agreement and, in particular, all provisions affecting the coordinating beneficiary and the associated beneficiaries. In particular, I acknowledge that, by virtue of this mandate, the coordinating beneficiary alone is entitled to receive funds from the Contracting Authority and distribute the amounts corresponding to the associated beneficiary's participation in the action.

I hereby accept that the associated beneficiary will do everything in its power to help the coordinating beneficiary fulfil its obligations under the grant agreement, and in particular, to provide to the coordinating beneficiary, on its request, whatever documents or information may be required.

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

I furthermore certify that:

1. The associated beneficiary 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 106(1) and 107 of Council Regulation No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union (OJ L298 of 26.10.2012).
2. The associated beneficiary will contribute 79,357 € to the project. My organisation will participate in the implementation of the following actions: A2, C1, C2, C3, C4, C5, C6, C7, C8, C11, C12, C13, E1, E4, F2. The estimated total cost of my organisation's part in the implementation of the project is 157,621 €.
3. The associated beneficiary 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 Contracting Authority. This agreement will be based on the model proposed by the Contracting Authority. It will describe clearly the tasks to be performed by my organisation and define the financial arrangements.
4. I commit to comply with all relevant eligibility criteria, as defined in the LIFE Multiannual Work Programme 2014-2017 and the LIFE Call for Proposals including the LIFE Guidelines for Applicants.

This declaration and mandate shall be annexed to the grant agreement and shall form an integral part thereof.

I am legally authorised to sign this statement on behalf of my organisation. I have read in full the Model LIFE Grant Agreement with Special and General Conditions and the Financial Guidelines (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 Madrid on 5th May, 2016

Signature of the Associated Beneficiary: Basilio Rada Martínez

Name(s) and status/function of signatory: Basilio Rada Martínez ORGANISMO AUTÓNOMO PARQUES NACIONALES (OAPN) DIRECCIÓN GENERAL DE MEDIO AMBIENTE

1. Forename and surname of the legal representative of the future associated beneficiary signing this mandate
2. When the form is completed, please print, sign, scan and upload it in eProposal