

EUROPEAN CITY FACILITY

Annex C – Self-declaration form

*For local public entities aggregating municipalities/local authorities*

[Location, date]

**Annex C**

**Self-declaration form given by the legal representative of the local public entity aggregating municipalities/local authorities**

|  |
| --- |
| **Name of the local public entity applying** |
|  |
| **Name of the undersigned person** |
|  |
| **Position of the undersigned person** |
|  |
| **Department** |
|  |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Declares that it is a public entity officially recognised as a tier of local government (different from the regional and provincial levels) by the national law of its State with the obligation for municipalities/local authorities to join the supra-municipal organisation |  |  |
| Declares that the public entity is composed only by municipalities/local authorities |  |  |
| Declares that the public entity has a specific political and administrative structure |  |  |

(\*) for the applicant to be eligible all “YES” boxes must be checked.

In case of successful evaluation, the applicant understands that the compliance with the above criteria can be checked and verified by the EUCF team. In case of non-compliance with any of the criteria above, the EUCF reserves the right to annul the “awarding decision” for the defaulting applicant, whereby consequently, an agreement with such defaulting applicant shall not be concluded, i.e., such defaulting applicant shall not be awarded with the respective financial support.

I, [name of undersigned person], hereby confirm the authenticity of the information provided above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature and stamp*

[Name of undersigned person]

[Position]

[Department]

[Street, No.]

[Postal Code, City, Country]