**ANNEX 3: POWER OF ATTORNEY FOR THE COORDINATOR**

European Forest Institute Grant Process

G-05-2023

Pilots of long-term climate impact forest monitoring sites

**Instructions**

1. To be filled out separately by all the participants (except the coordinator) listed in section A2.2 of the Annex 1 (Application form part A)
2. You may not change any part of the power of attorney
3. Insert the following where indicated in light green:
	* Full name and function of the person signing
	* Official name of the organization providing the power of attorney
	* Official name of the coordinator
	* Date
	* Signature
4. These instructions may be deleted in the submitted pdf document. This annex 3 should be submitted together with Annex 1 and 4 as a single pdf document.

##

Power of Attorney for the Coordinator

The undersigned:

|  |
| --- |
| [full name and function of the person signing] |

having the legal capacity required to act on behalf of his/her organisation:

|  |
| --- |
| [official name of the organisation] |

(hereinafter referred to as “Participant”)

In respect of EFI grants process G-05-2023, and any ensuing Grant and Project, Participant authorises [official name of the coordinator] (Coordinator), and its legal representative as applicable, to:

* Submit the Application on behalf of Participant
* Sign any contractual documents — including the Grant agreement and amendments thereto — and issue any invoices related to the Grant on behalf of Participant,
* Act as the single contact point with the European Forest Institute for administrative and financial aspects of the Project and Grant
* Receive payments by the European Forest Institute related to the Grant

Any modification to this Power of attorney shall be subject to the European Forest Institute’s express approval. It cannot be terminated without the European Forest Institute’s consent.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature

Representative authorised to sign on behalf of the Participant