**European Coalition of Cities Against Racism**

**International Call for Proposals – 2019**

**Countering violent extremisms and fostering inclusion, diversity and tolerance**

**Attachment 3**

**Self-declaration**

I …....................................................................., legal representative of ….............................................................. (association/organisation/company name), established in …........................................., address............................................................., Tax number or VAT number or registration number …..............................., aware of the legal and criminal repercussions that it entails,

declare

that the association/organisation/company, at the moment of the publication of this notice, is not bankrupt nor is being wound up, its affairs are not being administered by a court, it has not entered into an arrangement with creditors, it has not suspended business activities, is not subject of proceedings for a declaration of bankruptcy, for an order for compulsory winding up or is not in any similar situation arising from other procedures under national laws and regulations.

That I have not been legally convicted, by final judgement, for crimes related to my professional conduct;

That I have fulfilled legal obligations related to the payments of taxes and social contributions according to the law of the country in which the association/organisation/company is based.

That I have not been brought to court and convicted by final judgement of fraud, corruption, having participated in a criminal organisation or any other illegal activity.

That I have not been declared in serious breach of contractual requirements in other assignment procedures financed by other funding bodies.

To shape its own behaviour around the principles of loyalty, transparency and honesty.

Name of the legal representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the legal representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_