# Annex II: Template for Authorisation of Coordinator by consortium member, and confirmation of joint and several liability for the execution of the tasks

For consortium applications, one copy of this form must be filled out by **all members of the consortium that are not identified as the Coordinator**.

[Header]

[Name of institution]

[Date]

This is provided in accordance with the requirements of the “Call for applications for designation of an EU Reference Laboratory (EURL) for public health in the field of <field> (ref: EURL-PH-2024-xx)”, hereafter referred to as “the Invitation”.

I, undersigned, hereby authorise [coordinator organisation full name], as represented by [name of coordinator main contact person] and hereafter referred to as “the Coordinator”, to submit an application with my organisation as one of the beneficiaries. I also mandate the Coordinator to represent my organisation in contacts with the European Commission and/or ECDC on issues directly related to the above-mentioned application during the application and evaluation processes.

In addition, I confirm my understanding and acceptance that, should our application be successful, my organisation and the other members of the consortium (including the Coordinator) will be jointly and severally liable for the technical implementation of the tasks of the EURL.

[Signature, Date, Name and function(s), Institution represented]