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F-KA2-024/02.2024

**Erasmus+ Programme 2021-2027**

### **PARTNERSHIPS FOR COOPERATION SMALL-SCALE PARTNERSHIPS**

### **Changes Notification/Amendment Request Form**

|  |  |
| --- | --- |
| Grant Agreement number: |  |
| Official name of the Coordinating organisation/institution: |  |

##### DECLARATION OF CONFORMITY

I, the undersigned, hereby declare that the attached information is accurate and in accordance with the facts. This information has been approved by the authorities representing the partners involved in the project detailed within this request.

Name of Coordinator's legal representative: ……….

Position within the organisation: ……….

(S*ignature of the legal representative / person legally authorised to act on behalf of the Coordinating organisation/institution; stamp, if applicable)*

……………………………

Place: .......... Date: ..........

**AMENDMENT/CHANGE SUMMARY**

Amendments/Changes to the grant agreement and its annexes are subject to written requests, dated and signed by the Coordinator’s legal representative. These amendments/changes are also subject to formal endorsement by the National Agency.

Please note that an amendment only takes effect following signature by the National Agency (this will be in the form of an official, signed amendment to the grant agreement).

After filling in the requested information in the appropriate section(s) of this form, please sign electronically or print, date, sign, stamp (if applicable), scan and send by e-mail, together with all appropriate annexes, to the National Agency.

The present request/notification for/of amendment/change to the initial agreement (including previously approved amendments), concerns one or more of the following items *[please, tick the box(es), as appropriate]*:

A – Change of official name of Coordinator/partner

B – Partner(s) withdrawal[[1]](#footnote-1)

C – New / Replacement partner(s) joining the project[[2]](#footnote-2)1

D – Changes to the project duration

E – Changes to the project activities

F - Other requests for changes (Legal representative Contact person(s) of the Coordinator/partner, Coordinator’s bank account details, Legal address of the Coordinator/partner, etc.)

**A. Change of official name of Coordinator/partner**

|  |  |
| --- | --- |
| Previous full official name of the Coordinator/Partner |  |
| New full official name of the Coordinator/Partner |  |

**A scanned copy of the original document governing this change is annexed to this form.**

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| **B. Partner(s) withdrawal** |

**Please provide details on the partner(s) that has/have withdrawn and explain why.**

|  |  |
| --- | --- |
| **Name(s) of the partner organisation(s) that has/have withdrawn** | |
| **1** |  |
| **2** |  |
| **3** |  |
| **…** |  |

|  |  |
| --- | --- |
| **Reasons for withdrawal (max. 1/2 page)** | |
| **1** |  |
| **2** |  |
| **3** |  |
| **…** |  |

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| **Where no new partner is joining, please comment upon the (re)distribution of the tasks amongst the existing partners. (max. 1/2 page)** |
|  |

Where new / replacement partner(s) are joining the project, please also complete section C.

**List of annexes to be sent with this notification request:**

a) Original letter, dated and signed by the legal representative of the withdrawing partner

b) Report on the status of the work carried out by the withdrawing partner, the rights acquired relating to individual products and results, the procedure for termination (including an end date), the funds already received by the partner, a breakdown of existing expenditure and the amount to be paid back (if any)

c) A revised table with the list of partners and budget by partner

**NB**: Please note that partner(s) withdrawal would normally imply changes to the initial budget. Revised financial tables will therefore need to be considered (refer to section E).

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| **C. New / Replacement partner(s) joining the project** |

**Please provide detail on the partner(s) that have joined and explain why.**

###### C.1 - Information sheet on the new partner

|  |  |
| --- | --- |
| Official name of the organisation/institution |  |
| OID of the organisation |  |
| Type of organisation |  |

**Head Office**

|  |  |
| --- | --- |
| Street |  |
| Number |  |
| Post code |  |
| Town/city |  |
| Country |  |

###### Contact Person

|  |  |  |
| --- | --- | --- |
| Name | Mr□ Ms□ |  |
| Position |  | |
| Telephone | ++ / | |
| Fax | ++ / | |
| E-mail |  | |

**Legal Representative**

|  |  |  |
| --- | --- | --- |
| Name | Mr□ Ms□ |  |
| Position |  | |
| Telephone | ++ / | |
| Fax | ++ / | |
| E-mail |  | |

**C.2** - **Reasons for joining**

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| --- |
| **If this partner replaces a partner that has withdrawn, please indicate the name of the withdrawing partner.** |
|  |

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| **General description of the new / replacement partner(s) joining the project: size, scope of work, areas of specific expertise and competence in relation to the project proposal (max. 1/2 page per partner)** |
|  |

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| --- |
| **Reasons for joining (max. 1/2 page)** |
|  |

|  |
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| **Skills and expertise of key staff involved in the project at the new/replacement partner(s) joining the project (max. 5 lines per person)** |
|  |

|  |
| --- |
| **Tasks taken over by the new partner and/or (re)distribution of the tasks amongst all partners (max. 1/2 page)** |
|  |

**Please add extra sheets, if necessary.**

**List of annexes to be sent with this amendment request:**

a) Mandate letter/Accession form for beneficiaries, dated and signed by the legal representative of the organisation wishing to join the project

**NB**: Please note that new / replacement partner(s) joining the project would normally imply changes to the initial budget. Revised financial tables will therefore need to be considered (refer to section E).

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| **D. Changes to the project duration** |

|  |  |
| --- | --- |
| Project start date (dd/mm/yyyy): |  |
| Project end date (dd/mm/yyyy): |  |
| Change requested (total number of months): |  |
| Requested end date (dd/mm/yyyy): |  |

|  |
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| **Reasons for changes to the project duration (max. 1/2 page)** |
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| **E. Changes to the project activities** |

Within the provisions of Article III from the grant agreement - Annex III, in case that, during the implementation of the project, a beneficiary needs to modify the budget allocated to an activity, this can be done only after notifying the National Agency and requesting its approval. Budget transfers between project activities are acceptable only if the activities are not already completed (and declared as such in a financial statement) and are justified by the technical implementation of the action. In this sense, the granting authority will assess any such request for amendment / change on a case-by-case basis.

**NB:** Please note that the total amount of the Erasmus+ grant cannot be increased and that the financial provisions of the relevant call and the grant agreement should be respected.

**Table E.1 - Breakdown of the total proposed budget**

|  |  |  |
| --- | --- | --- |
|  | **Budget (EUR)** | |
| **Activity title** | **Initial** | **With the requested modifications** |
| Activity 1 |  |  |
| Activity 2 |  |  |
| Activity 3 |  |  |
| **Total granted budget** |  |  |

**Table E.2. Breakdown of the proposed budget / Erasmus+ grant by partner (EUR)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total proposed budget** | **P1 (CO)** | **P2** | **P3** | **P4** | **P…** |
| \*Activity 1 |  |  |  |  |  |  |
| Activity 2 |  |  |  |  |  |  |
| Activity 3 |  |  |  |  |  |  |
| **Total granted** |  |  |  |  |  |  |

**\*Please fill in the title of each activity as it is mentioned in the project.**

**Please justify any proposed changes to the approved project budget. (max. 1 page)**

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**F. Other requests for changes**

**F.1 Legal representative of the Coordinator/partner**

|  |  |
| --- | --- |
| Organisation official name |  |
| Full name of the current legal representative |  |
| Position |  |
| E-mail address |  |
| Telephone number |  |

**A scanned copy of the original document governing this change is annexed to this form.**

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| **F.2 Contact person(s) of the Coordinator/partner** |

|  |  |
| --- | --- |
| Organisation official name |  |
| Full name of the current contact person |  |
| Position |  |
| E-mail address |  |
| Telephone number |  |

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| **F.3 Coordinator’s bank account details** |

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| Precise denomination of the account holder (Official name of the Coordinator) |  |
| Full name of the bank |  |
| IBAN code (full account number) |  |
| BIC or SWIFT code |  |

**A scanned copy of the bank account statement is annexed to this form.**

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| **F.4 Legal address of the Coordinator/partner** |

|  |  |
| --- | --- |
| Organisation official name |  |

**New legal address**

|  |  |
| --- | --- |
| Street |  |
| Number |  |
| Post code |  |
| Town/city |  |
| Country |  |

**A scanned copy of the original document governing this change is annexed to this form.**

**F.5 Other changes**

**Please provide details on any other changes. (max. 1 page)**

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1. If one partner is replacing another, please tick both B and C [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)