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| Logo of the European Commission, 12 yellow stars on a blue background arranged in a circle and framed by two light grey graphic elements representing the Berlaymont building, which is the headquarter of the European Commission. | EUROPEAN EDUCATION AND CULTURE  EXECUTIVE AGENCY (EACEA)  EACEA.A - Erasmus+, EU Solidarity Corps  **EACEA.A.1 - European Higher Education** |

**Amendment Request Form**

European Universities

|  |
| --- |
| Agreement number: |
| Proposal reference: |
| Title: |
| Coordinator: |

##### DECLARATION OF CONFORMITY

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

(*Original signature of the person legally authorised to act on*

*behalf of the coordinator and who signed the original agreement)*

Name of legal representative of the coordinator: ……………………………………

Position within the coordinator: ................…………………………..………………

Place & Date: ………………………………………………………......…………….

**AMENDMENTS: INTRODUCTION**

Amendments to the agreement are subject to written requests, dated and signed by the coordinator's legal representative. These amendments are also subject to formal endorsement by the Agency.

Please note that the request has to be submitted to the Agency before the change occurs and at least one month before the end of the contractual period.

An amendment only enters into force when the last party signs the letter confirming agreement with the request for amendment.

Taking effect refers to the date from which the effects described in the amendment apply and bind the parties. If no specific date is indicated, the amendment will take effect on the day of entry into force.

Following the completion of the appropriate section(s) of this form, please print, sign, date and send it by **e-mail only,** together with an accompanying letter and all appropriate annexes, to your EACEA project officer (copy to [EACEA-EUROPEAN-UNIVERSITIES@ec.europa.eu](mailto:EACEA-EUROPEAN-UNIVERSITIES@ec.europa.eu)). Only relevant completed sections of this form need to be sent.

This request for amendment, to the initial agreement (including previous amendments), concerns the following item(s) (please, tick the box(es), as appropriate):

A Change in partnership: withdrawal of beneficiaries[[1]](#footnote-1)

B Change in partnership: new or replacing beneficiaries joining the project2

C Change of the coordinator (main beneficiary organisation)

D Changes to the eligibility period

E Change of bank account

F Changes to the work programme

G Changes to the budget: increase of the financial threshold(s) for ‘equipment’ and/or ‘other costs’ (exceptional flexibility for the Alliances 2019 in relation to the COVID-19 pandemic)

For any other kind of change, please contact the Executive Agency:

* [EACEA-EUROPEAN-UNIVERSITIES@ec.europa.eu](mailto:EACEA-EUROPEAN-UNIVERSITIES@ec.europa.eu)

**Note: Change of names, address or legal status of the beneficiary/coordinator must be made via the Funding & tender opportunities portal:** <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home>

**Agreement number:**

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| **A Change in partnership : withdrawal of beneficiaries[[2]](#footnote-2)** |

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| --- | --- |
| **Beneficiary PIC Number** | **Name of the beneficiary organisation that has withdrawn** |
|  |  |
|  |  |
|  |  |
| **…** |  |

|  |  |
| --- | --- |
| **Beneficiary PIC Number** | **Reasons for withdrawal (max 1/2 page)** |
|  |  |
|  |  |
|  |  |
| **…** |  |

If new beneficiaries join the project, please also complete section B.

ATTENTION:

The amendment request will also be evaluated against the eligibility criteria for the action. Special attention has to be paid for example to replacing beneficiary organisations, in view of the minimum requirements fixed for the type of organisation to be involved.

**Example for European Universities**: If a higher education institution (HEI) leaves the consortium it has to be made sure that the at least three HEIs from at least three EU Member States or other Programme countries remain in the partnership.

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

* A letter, signed by the legal representative of the coordinator requesting the change in the consortium and summarising the impact of the change.
* A letter from the beneficiary organisation(s) explaining the reasons for their withdrawal.

**Agreement number:**

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| **B Change in partnership : new\* or replacing beneficiaries joining the project** |

|  |  |
| --- | --- |
| Organisation | |
| ***PIC number\**** |  |
| *Role in the project* |  |
| Full name of the organisation  *Full name of the organisation in Latin characters (if applicable)* |  |
| Acronym  *Erasmus University Charter number (if applicable)* |  |
| Status |  |
| Type of organisation |  |
| *Department/Faculty* |  |
| Registered address  Street and number |  |
| Post code and town |  |
| Country and region |  |
| *Internet address* |  |
| Telephone 1  *Telephone 2*  *Fax* |  |

###### \* The new organisation should be registered in the Funding & tender opportunities portal and provide supporting documents requested. This registration will deliver the mandatory 9-digit PIC reference (Participant Identification Code). Funding & tender opportunities portal: <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home>

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|  |  |
| --- | --- |
| Person responsible for the management of the project (contact person) | |
| Title |  |
| Family name |  |
| First name |  |
| Role in the organisation |  |
| E-mail address |  |

Check this box if the address is different from the address provided in section "Organisation".

|  |  |
| --- | --- |
| *Address*  Street and number |  |
| Post code and town |  |
| Country and region |  |
| Telephone 1  *Telephone 2*  *Fax* |  |
| Aims and activities of the organisation | |
| *Please provide a short presentation of the new organisation (key activities, affiliations, size of the organisation, etc.) relating to the domain covered by the project.*  *Please describe also the role of the new organisation in the project. Provide information on the operational and financial management of the project within the organisation (limit 4000 characters).* | |

|  |  |
| --- | --- |
| Technical capacity: Skills and expertise of key staff involved in the project | |
| Name of staff member | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.* |
|  |  |
|  |  |

*Please add lines as necessary.*

If this beneficiary replaces a beneficiary that has withdrawn, please indicate the name and PIC number of the withdrawing beneficiary:

|  |  |
| --- | --- |
| **beneficiary PIC Number** | **Name of the beneficiary organisation that has withdrawn** |
|  |  |

Please add an extra sheet for each new beneficiary.

|  |
| --- |
| **Reasons for joining (max 1/2 page)** |
| *Please describe the expertise of the new beneficiary and specify the role it will play in the project; emphasise why the described expertise matches the needs of the project in relation to the tasks that the new beneficiary will carry out.* |

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

* A letter, signed by the legal representative of the coordinator requesting the change in the consortium and summarising the impact of the change.
* A scanned mandate letter from the joining organisation signed by the legal representatives of both the new organisation and the coordinator.
* A new and updated work programme (**fill in** the section  "**F- Changes to the work programme**") and budget have also to be sent to the Agency if the changes in the partnership imply any budget transfer between work packages and/or within budget items[[3]](#footnote-3).

**Agreement number:**

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| **C Change of the coordinator/main beneficiary organisation** |

**Note: Change of names, address or legal status of the coordinator must be made via the Funding & tender opportunities portal:** <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home>

*Please note that the new coordinator must be an* ***existing*** *beneficiary organisation in the project consortium. Only in exceptional and duly justified cases, may a completely new organisation be accepted as the new coordinator. In such a case, a contract of assignment needs to be signed.*

|  |  |
| --- | --- |
| Organisation | |
| *PIC number\** |  |
| Full name of the organisation  *Full name of the organisation in Latin characters (if applicable)* |  |
| Acronym  *Erasmus University Charter number (if applicable)* |  |
| Status |  |
| Type of organisation |  |
| *Department/Faculty* |  |
| Registered address  Street and number |  |
| Post code and town |  |
| Country and region |  |
| *Internet address* |  |
| Telephone 1  *Telephone 2*  *Fax* |  |

**\* The new organisation should be registered in the Funding & tender opportunities portal and provide supporting documents requested. This registration will deliver the mandatory 9-digit PIC reference (Participant Identification Code). Funding & tender opportunities portal:** [**https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home**](https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home)

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|  |  |
| --- | --- |
| Person responsible for the management of the project (contact person) | |
| Title |  |
| Family name |  |
| First name |  |
| Role in the organisation |  |
| E-mail address |  |

Check this box if the address is different from the address provided in section "Organisation".

|  |  |
| --- | --- |
| *Address*  Street and number |  |
| Post code and town |  |
| Country and region |  |
| Telephone 1  *Telephone 2*  *Fax* |  |

Check this box if the legal representative is different from the person responsible for the management.

|  |  |
| --- | --- |
| Person authorised to represent the organisation in legally binding agreements (legal representative) | |
| Title |  |
| Family name |  |
| First name |  |
| Role in the organisation |  |
| E-mail address |  |

Check this box if the address is different from the address provided in section "Organisation".

|  |  |
| --- | --- |
| *Address*  Street and number |  |
| Post code and town |  |
| Country and region |  |
| Telephone 1  *Telephone 2*  *Fax* |  |

Check this box if the organisation responsible for the management of the project (Management Coordinator) is different from the Coordinator (main beneficiary organisation).

|  |
| --- |
| Aims and activities of the organisation |
| *Please provide a short presentation of the new organisation (key activities, affiliations, size of the organisation, etc.) relating to the domain covered by the project.*  *Please describe also the role of the new organisation in the project. Provide information on the operational and financial management of the project within the organisation (limit 4000 characters).* |

|  |  |
| --- | --- |
| Technical capacity: Skills and expertise of key staff involves in the project/network | |
| Name of staff member | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.* |
|  |  |
|  |  |

*Please add lines as necessary.*

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| **Reasons for change of existing coordinator (max 1/2 page). Please specify the new role of the former coordinator (if applicable).**  *If the amendment concerns only a change of name of the existing coordinator, you are not required to complete this box.* |
|  |

**List of annexes to be sent with an amendment request for a change of the coordinator:**

* Letter from the new coordinator confirming his/her will to take over the project and all related obligations under the Grant Agreement.
* Scanned mandate letters from all beneficiaries authorising the new coordinator to act on their behalf. Please use the model provided on the Agency's website: <https://eacea.ec.europa.eu/erasmus-plus/beneficiaries-space/european-universities-2019_en>
* Fill in the sections E- Change of bank account and F- Changes to the work programme of this amendment form and provide the documents requested under these sections.
* *Private organisations only*: The organisation should be registered in the Funding & tender opportunities portal (https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home) and upload supporting documents related to the Financial Capacity in the portal as requested.

**Agreement number:**

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| **D Changes to the eligibility period** |

*Please note that:*

*- Modification of the eligibility period may imply modification of the deadlines for submission of reports and other documents.*

|  |  |  |
| --- | --- | --- |
|  | Initial situation | Requested |
| Start of the eligibility period (dd/mm/yyyy): |  |  |
| End of the eligibility period (dd/mm/yyyy): |  |  |

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| --- |
| **Reasons for requesting these changes (max 1/2 page)** |
|  |

**Agreement number:**

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| **E Change of bank account** |

*If the bank account of the Coordinator (main beneficiary organisation) changes, please ensure that your bank account is registered in the new bank account section of the* ***Funding & tender opportunities portal:*** [***https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home***](https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home)

*The portal will allow you to see the bank accounts registered through the new bank account section for your organisation and the status of the validation. During the registration process, you will have to enter your data in a wizard and upload relevant supporting documents. The preferred option is to upload a bank statement or equivalent document. As a last resort, you can also download a pre-filled Financial Identification Form to be stamped by the bank.*

*If you have uploaded information on several bank accounts, please indicate to us which one will be used for your European universities alliance and provide the relevant IBAN number.*

**Agreement number:**

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| **F Changes to the work programme** |

*A formal amendment letter (Amendment request form)**is only necessary for* ***major changes*** *(e.g. changing original activities/products, adding new products, activities etc.) to the work programme.*

***It is highly recommended*** *to contact always the Agency if you are in doubt whether or not you need to request a formal amendment.*

**Please clearly and briefly describe the proposed changes.**

|  |  |
| --- | --- |
| **Work package Nr** | **Proposed changes** |
|  | **Original activities/products etc. and responsible beneficiary/ies:**  **Changes proposed:** |

**Agreement number:**

**G Change to the budget:** increase of the financial threshold(s) for ‘Equipment’ and/or ‘Other costs’ (exceptional flexibility for the Alliances 2019 in relation to COVID-19 pandemic)

This section is dedicated to requests of increase of the budget categories ‘Equipment’ and/or ‘Other costs’ beyond the 5% call ceiling in order to address some of the negative effects caused by the COVID-19 pandemic (ref: EACEA email of 08/02/2021 to the EUR-UNIV Alliances 2019).

Please specify below the budget category(ies) for which your Alliance would like to ask for an increase (tick the relevant box(es):

**Budget category ‘Equipment’ (increase up to max. 8% of the total direct eligible costs)**

**Budget category ‘Other costs’ (increase up to max. 8% of the total direct eligible costs)**

In the box below, please explain the COVID-19 impact that has resulted in the need for the above requested change(s), and describe how the increased budget under this(ese) category(ies) will facilitate some of the planned Work Programme activities:

|  |
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**Document to be sent with this amendment request:**

* A revised version of the budget of the Alliance

**NB:**

- Note that the increase(s), if approved, will not lead to any increase of the overall maximum EU grant amount as defined in your Grant Agreement.

* If the budget transfers imply a major change to the Work Programme, please also fill in section F.

1. If one beneficiary is replacing another, please tick both A and B.

   2 Please tick the section "F" too. [↑](#footnote-ref-1)
2. If one beneficiary is replacing another, please complete both A and B requests. [↑](#footnote-ref-2)
3. The items are: travel, staff etc. [↑](#footnote-ref-3)