|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | logo_ec_17_colors_300dpi |  | |  |

ERASMUS + PROGRAMME

Amendment Request Form

European Policy Experimentations 2020

|  |
| --- |
| Agreement number: |
| Proposal number: |
| Title: |
| Beneficiary organisation: |

##### DECLARATION OF CONFORMITY

I, the undersigned, hereby declare that the information attached is accurate and in accordance with the facts.

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

*behalf of the beneficiary organisation and who* ***signed the original agreement****)*

Name of legal representative: ………………………………………………..……………………

Position within the beneficiary organisation: ................…………………………..………………

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

SIGNED Form to be sent to

[EACEA-POLICY-SUPPORT@EC.EUROPA.EU](mailto:EACEA-POLICY-SUPPORT@EC.EUROPA.EU)

**AMENDMENTS: INTRODUCTION**

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

Please note that an amendment only takes effect when the Agency has formally accepted it by sending an acceptance letter.

Once you have completed of the appropriate section(s) of this form, please print, sign and date it and send it to the Agency by email, together with all appropriate annexes, using the following address: [EACEA-POLICY-SUPPORT@ec.europa.eu](mailto:EACEA-POLICY-SUPPORT@ec.europa.eu)

Only relevant sections of this form need to be and completed and sent. Sections which are not relevant can be deleted.

**Please Specify please, ticking the box(es), as appropriate:**

This request for amendment, to the initial grant agreement (including previous amendments), concerns the following item(s):

**A** **Change of the beneficiary organisation (coordinator)**

**B Change in partnership: withdrawal of co-beneficiaries[[1]](#footnote-1)**

**C Change in partnership: new or replacing co-beneficiaries joining the project**

**D Changes to the eligibility period**

**E Changes to the budget breakdown**

**F Change of bank account**

**G Changes to the work programme**

For any other kind of change (e.g. change of legal representative, change of project coordinator, etc.) please consult the **Practical\_information\_on\_contractual\_project\_management** available from the beneficiaries' space on the Agency’s website or contact us at [EACEA-POLICY-SUPPORT@ec.europa.eu](mailto:EACEA-POLICY-SUPPORT@ec.europa.eu).

**Agreement number:**

|  |
| --- |
| **A. Change of the beneficiary organisation** **(coordinator)** |

**Note: Change of names or address of the beneficiary organisation must be made via the participation portal:** [**http://ec.europa.eu/education/participants/portal/desktop/en/organisations/register.html**](http://ec.europa.eu/education/participants/portal/desktop/en/organisations/register.html)

|  |  |
| --- | --- |
| New 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 Participation Portal and provide supporting documents requested. This registration will deliver the mandatory 9-digit PIC reference (Participant Identification Code). Participation Portal: <http://ec.europa.eu/education/participants/portal/desktop/en/organisations/register.html>

|  |  |
| --- | --- |
| 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* |  |

|  |
| --- |
| 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.* |
|  |  |
|  |  |

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

1. Letter from the former beneficiary organisation confirming that they no longer want to be the beneficiary organisation. This letter is absolutely necessary to the Agency to start the amendment procedure.
2. Letter from the new beneficiary organisation confirming its will to take over the project and all related obligations under the Grant Agreement.
3. Letters of mandate from all beneficiaries.
4. Delegation letter (if necessary).
5. The following sections of this amendment form: Changes to the budget breakdown, Change of bank account and Changes to the work programme

**Agreement number :**

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

|  |  |  |
| --- | --- | --- |
| **Co-beneficiary**  **Number:** | **PIC Number** | **Name of the co-beneficiary organisation that has withdrawn** |
|  |  |  |
|  |  |  |
| **…** | **…** |  |

|  |  |
| --- | --- |
| **Reasons for withdrawal (max 1/2 page):** | |
| **PIC Number:** | **Name of the co-beneficiary organisation that has withdrawn:** |
|  |  |
|  | |

If new / replacement co-beneficiaries join the project, please also complete section C.

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

1. A letter, signed by the legal representative of the coordinator requesting the change in the consortium and summarising the impact of the change.
2. A letter from the co-beneficiary organisation(s) explaining the reasons for withdrawal.
3. A revised budget table that corresponds with the revised work packages
4. A detailed statement that demonstrates how the work allocated to the organisation concerned will be redistributed within the remaining consortium
5. An updated summary from the coordinator of the distribution of the EU financial contribution (i.e. pre-financing payments made by the Agency) between the beneficiaries, with the dates of transfer, indicating also any EU funds (already) returned by co-beneficiaries

**Agreement number:**

|  |
| --- |
| **C. Change in partnership : new or replacing co-beneficiaries joining the project** |

|  |  |
| --- | --- |
| Organisation | |
| *PIC number* |  |
| *Partner 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* |  |

|  |  |
| --- | --- |
| 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 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.*

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

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

Will this co-beneficiary act as the project manager of the project? Yes  No

Please add an extra sheet for each new beneficiary.

|  |
| --- |
| **Reasons for joining (max 1/2 page)** |
| *Please describe the expertise of the new co-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 co-beneficiary will carry out.* |

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

1. A letter, signed by the legal representative of the coordinator requesting the change in the consortium and summarising the impact of the change
2. A scanned mandate letter from the joining organisation signed by the legal representatives of both the new organisation and the coordinator (Please use the model provided on the Agency's website: <https://wayback.archive-it.org/12090/20210122045332/https://eacea.ec.europa.eu/erasmus-plus/funding/european-policy-experimentations-in-the-fields-of-education-and-training-led-by-high-level-public-authorities-2020_en> An agreement of all partners on the new partner joining the partnership (ie Minutes of the meetings etc.)
3. An updated list of co-beneficiaries and budget by co-beneficiary (including the new co-beneficiary's own financial contribution), presented on the "Expenditure & revenue" page of the budget table originally presented, updated with the data of the new partner.
4. A new and updated work programme or a confirmation by the coordinator explaining why a new work programme is not necessary
5. An updated summary from the coordinator of the distribution of the EU financial contribution (i.e. prefinancing(s) paid by the Agency) between the beneficiaries, with the dates of transfer, indicating also any EU funds (already) returned by co-beneficiaries

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

*Please note that:*

*- Extension of the eligibility period may not exceed 6 months*

*- Modification of the eligibility period implies modification of the deadlines for submission and other documents in accordance with article I.4 of the grant agreement*

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

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

**Agreement number :**

|  |
| --- |
| **E. Changes to the budget breakdown** |

*Please note that:*

* *The initial amount of the grant cannot be increased*
* *It is not possible to retroactively change the eligibility of costs through an amendment.*
* *An amendment request relating to an adjustment to the budget breakdown is not necessary when the transfer between budget headings of eligible direct costs i.e. between staff costs and operational costs (travel and subsistence, equipment, subcontracting, others) does not exceed 10% of the amount of the heading of eligible direct costs for which the transfer is intended (the heading that increases), irrespective of the adjustment made betweens items of operational costs.*

**Double click on the following table to fill it in the green cells only:**



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

Please attach to your request an updated version of the financial table used for the project application.

**Agreement number :**

|  |
| --- |
| **F. Change of bank account** |

*If the bank account of the Beneficiary changes, please submit the financial identification form Sheet downloadable from the website:*

<http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm>

*The form must be signed by the account holder in original and either stamped and signed by the bank concerned or accompanied by a recent bank statement. Please note we cannot accept a financial identification form which does not bear an original signature.*

**Agreement number :**

|  |
| --- |
| **G. Changes to the work programme** |

*Please note that a formal amendment request is only necessary for major changes to the work programme (e.g. changing original activities/products etc., adding new products, activities etc., skipping some original activities/products etc.). If you are in doubt whether or not you need to request a formal amendment, please contact the Agency.*

|  |  |
| --- | --- |
| **Activity Title** | **Proposed changes** |
|  |  |

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