 

HU National Agency, Tempus Public Foundation

**ERASMUS + PROGRAMME**

**Amendment Request Form**

KA2 – Strategic Partnerships

|  |
| --- |
| Agreement number:  |
| Proposal number:  |
| 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: ………………………………………………………......…………….

Form to be returned to the responsible contact person at the National Agency

**ATTENTION: This document will be (in case of approval) attached to the grant agreement.**

**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 National Agency.

Please note that 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 the National Agency. 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):

1. Change in partnership: withdrawal of beneficiaries1 (full partners and/or affiliated entities)
2. Change in partnership: new or replacing beneficiaries joining the project2 (full partners and/or affiliated entities)
3. Change of the coordinating organisation

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, please contact the National Agency:

# Note: Change of names or address of the beneficiary/coordinator must be made via the Organisation Registration System <https://webgate.ec.europa.eu/fpfis/wikis/pages/viewpage.action?pageId=402194648>

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

2 Please tick the section "G" too.

**Agreement number:**

**A. Change in partnership: withdrawal of beneficiaries**

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| **Beneficiary Number** | **Name of the beneficiary organisation that has withdrawn** |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

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

|  |  |
| --- | --- |
| **Beneficiary Number** | **Date of withdrawal (start date and end date of partner’s participation in the project)** |
|  |  |
|  |  |
|  |  |
| **…** |  |

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

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

1. A letter, signed by the legal representative of the coordinating organisation requesting the change in the consortium and summarising the impact of the change.
2. A letter from the beneficiary organisation(s) explaining the reasons for withdrawal.
3. 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 beneficiaries

In this case you **must fill in** the section "**G - Changes to the work programme**" of this form (see above the section "Amendments: Introduction").

**Agreement number:**

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

|  |
| --- |
| **ORGANISATION** |
| ***OID number\**** |  |
| *Role in the project* |  |
| *Take over which partner’s role* |  |
| 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 |  |
| *Website* |  |
| Telephone 1*Telephone 2 Fax* |  |

**\* The new organisation should be registered to the Organisation Registration System and should provide the requested supporting documents. This registration will deliver the mandatory OID reference (Organisation ID).** [**https://webgate.ec.europa.eu/erasmus-esc/organisation-registration/screen/home**](https://webgate.ec.europa.eu/erasmus-esc/organisation-registration/screen/home)

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

|  |  |
| --- | --- |
| Start date of participation in the project |  |

*Telephone 2 Fax*

**AIMS AND ACTIVITIES OF THE ORGANISATION**

*Please provide a short presentation of the new organisation (type, scope of work, areas of specific expertise, specific social context, 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).*

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| **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 number of the withdrawing beneficiary:

|  |  |
| --- | --- |
| **BENEFICIARY NUMBER** | **NAME OF THE BENEFICIARY ORGANISATION THAT HAS WITHDRAWN** |
|  |  |

Will this 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 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:

1. A letter, signed by the legal representative of the coordinating organisation 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: <http://www.ec.europa.eu/programmes/erasmus-plus/documents/mandate_en.doc>
3. A new and updated work programme (**fill in** the section "**G - Changes to the work programme**") **OR** a confirmation by the coordinator explaining why a new work programme is not necessary
4. An updated summary from the coordinator of the distribution of the EU financial contribution (i.e. pre-financing(s) paid by the Agency) between the beneficiaries, with the dates of transfer, indicating also any EU funds (already) returned by beneficiaries.

**Agreement number:**

**C. Change of coordinating organisation**

# Note: Change of names or address of the coordinator must be made via the Organisation Registration System <https://webgate.ec.europa.eu/fpfis/wikis/pages/viewpage.action?pageId=402194648>

*Please note that the new coordinating organisation must be an* ***existing*** *beneficiary organisation in the project consortium and must be based in the country of the original coordinator. Only in exceptional and very well justified cases, may a completely new organisation be accepted as the new coordinator. In this case, a contract of assignment will have to be signed.*

|  |
| --- |
| **ORGANISATION** |
| *OID 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 |  |
| *Website*  |  |
| Telephone 1*Telephone 2 Fax* |  |

**\* The new organisation should be registered to the Organisation Registration System and provide the requested supporting documents. This registration will deliver the mandatory OID reference (Organisation ID).** [**https://webgate.ec.europa.eu/erasmus-esc/organisation-registration/screen/home**](https://webgate.ec.europa.eu/erasmus-esc/organisation-registration/screen/home)

|  |
| --- |
| **PERSON RESPONSIBLE FOR THE MANAGEMENT OF THE PROJECT (CONTACT PERSON)** |
| Title |  |
| Family name |  |
| First name |  |
| Role in the organisation |  |
| E-mail address |  |

|  |  |
| --- | --- |
| Start date of participation in the project |  |

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 (type, scope of work, areas of specific expertise, specific social context, 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** |
| 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.*

**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:

1. Letter from the new coordinator confirming its will to take over the project and all related obligations under the Grant Agreement.
2. 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: <http://www.ec.europa.eu/programmes/erasmus-plus/documents/mandate_en.doc>
3. Fill in the sections E- Changes to the budget breakdown, F- Change of bank account and G- Changes to the work programme of this amendment form and provide the documents requested under these sections.
4. *Private organisations only*: the Financial Capacity Form downloadable from the website (http://ec.europa.eu/budget/contracts\_grants/info\_contracts/financial\_id/financial\_id\_en.cfm#en), a certified copy of the balance sheets and the Profit and Loss accounts for the last 2 years in accordance with national law.

# Agreement number:

**D. Changes to the eligibility period**

*Please note that:*

* *Extension of the eligibility period may never exceed* ***6 months***
* *Modification of the eligibility period implies modification of the deadlines for submission of reports 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, describe clearly the original budget and the new budget that should replace it in order to easily identify the changes for beneficiaries/coordinator.*

*Please note that:*

* + *The initial amount of the grant cannot be modified (it means cannot be higher than originally agreed in the grant agreement).*
	+ *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 limits set in Article I.3.2 of the Agreement are respected.*

# Double-click on the following table to fill it in

|  |  |  |  |
| --- | --- | --- | --- |
|   |   | **TOTAL BUDGET (EURO)** | **DIFFERENCE (EURO)** |
|   |   | **Initial allocation** | **Allocation with requested changes** |   |
|  | Project management and implementation  |   |   | **0** |
| Transnational project meetings  |   |   | **0** |
| Intellectual outputs  |   |   | 0 |
| Multiplier events |   |   | 0 |
| Transnational learning, teaching and training activities |   |   | 0 |
| Special needs support |   |   | 0 |
| Exceptional costs | **0** | **0** | **0** |
|   | **TOTAL PROJECT EXPENDITURES** | **0** | **0** | **0** |
| **Reasons for requesting these changes (max 1/2 page)** |
|  |

**Agreement number:**

**F. Change of bank account**

*If the bank account of the Coordinator (main beneficiary organisation) 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**

*A formal amendment letter (Amendment request form) is only necessary for* ***major changes*** *(e.g. changing original activities, adding new products, activities etc., skipping some of the original activities etc.) to the work programme.* ***It is highly recommended*** *to contact the Agency if you are in doubt whether or not you need to request a formal amendment.*

# Please list work packages and clearly and briefly describe the proposed changes.

|  |  |
| --- | --- |
| **Working area concerned by the proposed changes** | **Proposed changes** |
|  | **Original activities etc. and responsible beneficiary/ies:****New activities etc. that should replace the original activities etc. and responsible beneficiary/ies:** |