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| logo_ec_17_colors_300dpiExecutive Agency, Education Audiovisual and Culture |  |

LIFELONG LEARNING PROGRAMME

Amendment Request Form

Erasmus networks, accompanying measures (unilateral projects)

For projects with **monobeneficiary** grant agreements

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| 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. This information has been approved by the authorities representing the partners involved in the project detailed within this request.

(*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: ………………………………………………………......………………………

Form to be returned to the address mentioned in article I.7 of the grant agreement

**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 Executive Agency.

Please note that an amendment only enters into force when the Executive Agency has formally notified the beneficiary of its acceptance or when a formal amendment is signed by the last of the two parties to this amendment.

Following the completion of the appropriate section(s) of this form, please print, sign, date and send it by post, together with an accompanying letter and all appropriate annexes, to the Executive Agency. Please note that an electronic version of the form must be sent by email to the Agency. Only relevant completed sections of this form need to be sent.

For further information, please also refer to the instructions published on

<http://eacea.ec.europa.eu/llp/beneficiaries/2013/reporting_lifelong_learning_2013_en.php>

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

A Partner(s) withdrawal[[1]](#footnote-1)

B New / Replacement partner(s) joining the project

C Change of the beneficiary organisation or change of name of beneficiary 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 Executive Agency.

**Agreement number :**

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

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| **Partner Number** | **Name of the partner organisation that has withdrawn** |
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| **…** |  |

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| **Partner Number** | **Reasons for withdrawal (max 1/2 page)** |
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If new / replacement partner(s) 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 beneficiary organisation requesting the change in the consortium and summarising the impact of the change.
2. A letter from the partner 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 beneficiary of the distribution of the EU financial contribution (i.e. pre-financing payments made by the Agency) between the partners, with the dates of transfer, indicating also any EU funds (already) returned by partners

**NB**: Please note that partner(s) withdrawal may also imply other changes such as to the work programme; please refer to relevant section where necessary.

**Agreement number :**

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

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| Organisation | |
| *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 application (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* |  |

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| 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).* |

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| 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.* |
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*Please add lines as necessary.*

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| **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.* |

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

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| **Partner Number** | **Name of the partner organisation that has withdrawn** |
|  |  |

Will this partner act as the project manager of the project? Yes  No

Please add an extra sheet for each new beneficiary.

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

1. A letter, signed by the legal representative of the beneficiary organisation requesting the change in the consortium and summarising the impact of the change.
2. A scanned letter of intent from the joining organisation dated and signed by the legal representative of the organisation wishing to join the project (Please use the model provided on the Agency's website <http://eacea.ec.europa.eu/llp/beneficiaries/2013/reporting_lifelong_learning_2013_en.php>An updated list of partners and budget by partner (including the new partner's own financial contribution), presented on the summary page of the budget table originally presented, updated with the data of the new partner.
3. A new and updated work programme or a confirmation by the beneficiary institution explaining why a new work programme is not necessary
4. An updated summary from the beneficiary of the distribution of the EU financial contribution (i.e. pre-financing payments made by the Agency) between the partners, with the dates of transfer, indicating also any EU funds (already) returned by partners

**Agreement number :**

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| **C. Change of the beneficiary organisation** **or change of name of beneficiary organisation** |

Check this box if the change concerns only **the name or the address** of the beneficiary.

Check this box if the change concerns the beneficiary itself.

*Please note that the new beneficiary must be an* ***existing*** *partner in the project consortium. Only in exceptional and very well justified cases, may a completely new organisation be accepted as the new beneficiary.*

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| --- | --- |
| Organisation | |
| *Partner 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* |  |

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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"

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| *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

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| --- | --- |
| 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 Applicant Organisation.

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| 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).* |

|  |  |
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| 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.* |
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**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 the partners have been consulted and have approved the change of beneficiary. This letter is absolutely necessary to the Executive 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. Legal entity form duly filled in

(available on <http://ec.europa.eu/budget/execution/legal_entities_en.htm>)

1. Copy of the legal statutes of the new beneficiary organisation
2. *Private organisations only*: the Financial Capacity Form downloadable from the website http://eacea.ec.europa.eu/llp/beneficiaries/2013/reporting\_lifelong\_learning\_2013\_en.php under section "Notification of results and contractualisation" and a copy of the certified copy of the balance sheet and the Profit and Loss accounts for the last 2 years in accordance with national law.
3. The following sections of this amendment form: Changes to the budget breakdown, Change of bank account and Changes to the work programme

*If the amendment concerns only a change of name of beneficiary, please annex only c) and d)*

**Agreement number:**

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| **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 and other documents in accordance with article I.5 of the grant agreement*

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|  | 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)** |
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**Agreement number :**

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

*See part I.6 of the LLP Handbook Selection 2012 on*  [*http://eacea.ec.europa.eu/llp/beneficiaries/2013/reporting\_lifelong\_learning\_2013\_en.php*](http://eacea.ec.europa.eu/llp/beneficiaries/2012/reporting_lifelong_learning_2012_en.php)*.*

*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 between items of operational costs (see also some examples in the "Project Handbook").*

**Double-click on the following table to fill it in.**

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| **Reasons for requesting these changes (max 1/2 page)** |
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Please attach to your request an updated version of the financial table used for the project application. (See <http://eacea.ec.europa.eu/llp/beneficiaries/2013/reporting_lifelong_learning_2013_en.php>)

**Agreement number :**

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| **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://eacea.ec.europa.eu/llp/beneficiaries/2013/reporting\_lifelong\_learning\_2013\_en.php

*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 :**

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

*Please note that a formal amendment request is only necessary for major changes to the work programme. If you are in doubt whether or not you need to request a formal amendment, please contact the Agency.*

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| **Work package Nr** | **Proposed changes** |
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1. [↑](#footnote-ref-1)