

*Erasmus+ Programme 2021-2027*

### **STRATEGIC PARTNERSHIPS**

### **Grant Agreement Amendment Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grant Agreement number: | | | Grant agreement period: | | | | | |
| Starting Year: |  | | Project duration: (months) | | | | | |
| Project title: | | | | | | | | |
| Beneficiary organisation full legal name: | | | | | | | | |
| Beneficiary's legal representative: | | | | | | | | |
| Previous amendments | | No: | | Yes: | How many: |  |  |  |

##### 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.

...........................................................................................................…………………………………………………

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

*behalf of the beneficiary organisation)*

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

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

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

**The completed form needs to be signed, stamped, scanned and sent to the following email address:** [erasmusplus@onek.org.cy](mailto:erasmusplus@onek.org.cy)

**AMENDMENT SUMMARY**

Amendments to the grant 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 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)

Following the on-line completion of the appropriate section(s) of this form, please print, sign, stamp, date and send by ordinary mail, together all appropriate annexes, to the National Agency.

The present request for amendment, to the initial agreement (including previous amendments), concerns one or more of the following items (please, tick the box (es), as appropriate):

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

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

C - Changes to the work programme[[3]](#footnote-3)2

D - Change of bank account

E- Changes to the project duration

F - Changes to the reporting schedule

G - Changes to the budget

H- Other (change of the beneficiary legal representative, change of the contact person etc).

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

**Please provide details on the partner(s) that have withdrawn and explain why**

|  |  |
| --- | --- |
| **Name of the partner organisation that has withdrawn** | |
| **1** |  |
| **2** |  |
| **3** |  |
| **…** |  |

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| **Reasons for withdrawal (max 1/2 page)** |
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| **Name and number of remaining partners** | |
| **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)** |
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Where new / replacement partner(s) are joining the project, please also complete section B.

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

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

b) 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 G)

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

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

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

|  |  |
| --- | --- |
| Name of the organisation/institution |  |
| Organization role |  |
| Registration Number |  |
| Legal Form |  |
| VAT |  |
| 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 |  | |

**Authorised signatory/ Legal Representative**

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

**B.2** – **Justification for the selection of the replacement partner (s)**

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| **General description of the replacement partner(s) joining the project: size, scope of work, areas of specific expertise and competences, specific social context and, if relevant, the quality system used) in relation to the project proposal (max 1/2 page per partner)** |
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| **Justification for the selection of the replacement partner (max 1/2 page).** **It must soundly prove a higher quality of the partnership.** |
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| **Activities and experience of the new partner organisation in the areas relevant for this project, skills and expertise of key staff involved in the project at the replacement partner(s) joining the project (limit 5 lines per person)** |
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| **Has the replacement partner organisation participated in a European Union granted project in the 3 years preceding this application?** |
| **Yes/NO. IF YES Please indicate:**  **EU Programme…………………………………………**  **Year ……………………………………………………..**  **Project Identification or Contract**  **Number……………………………………………….**  **Applicant/Beneficiary Name………………………**  Please duplicate if needed |

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| **Tasks taken over by the replacement partner and/or (re)distribution of the tasks amongst all partners (max 1/2 page)** |
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**Please add extra sheets if necessary.**

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

a) Mandate letter, 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 G)

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

**Please list all project activities clearly and briefly describe the proposed changes (transnational project meetings, intellectual outputs, training/ teaching/ learning activities, multiplier events)**

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| **Project activities** | **Proposed changes to the activities, including any justification** (Please note that changes shall not affect the initial objectives of the project, as detailed in the original agreement) |
| **O1** |  |
| **C1** |  |
| **E1** |  |
| **…** |  |

**NB**: Please note that changes to the work programme could imply changes to the initial budget. Revised financial tables will therefore need to be considered (refer to section G)

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| **D. Change of bank account** |

**BANKING SHEET OF THE BENEFICIARY ORGANISATION**

Financial identification form to be downloaded, completed and signed by the relevant parties and further submitted with this Grant Agreement Amendment Request Form.

Available for downloading at:

http://ec.europa.eu/budget/contracts\_grants/info\_contracts/financial\_id/financial\_id\_en.cfm

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| **Reasons for the change of the bank account: (max 1/2 page)** |
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**The financial identification form** **has to be** **sent together with this amendment request and be uploaded on the** [**Erasmus+ Platform**](https://webgate.ec.europa.eu/erasmus-esc/index/)**.**

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

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| Project start date (dd/mm/yyyy): |  |
| Previous end date (dd/mm/yyyy): |  |
| Change requested (months) |  |
| New end date (dd/mm/yyyy): |  |

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| **Reasons for changes to the project duration (max 1/2 page)** |
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| **F. Changes to the reporting schedule** |

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| Interim Report  Final Report  Previous deadline (dd/mm/yyyy): |  |
| Extension requested (days and/or months): |  |
| New deadline (dd/mm/yyyy): |  |

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| **Reasons for changes to the reporting schedule (max 1/2 page)** |
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| **G. Changes to the budget** |

**Please indicate if you request changes to the budget** (please note that the total amount of the Erasmus+ grant can’t be increased and that the financial provisions of the relevant call and the grant agreement should be respected) :

**YES**  **NO**

When changes in the budget are requested it is compulsory to complete the document called *“Budget amendment request*”. This document is available at: <https://erasmusplus.onek.org.cy/chrisima-entypa-gia-ti-vasiki-drasi-2/>

After completion please print, sign, stamp, date and send it by mail together with this form.

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| **H. Other** |

**Please detail any other proposed changes to your project (maximum 1 page)**

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1. If one partner is replacing another, please tick both A and B [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. 2 Please note that changes shall not affect the initial objectives of the project, as detailed in the original agreement [↑](#footnote-ref-3)