Modification request form

Version, 1.0
**12.11.2024**

# Project Identification

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| Project ID | Click or tap here to enter text. |
| Acronym | Click or tap here to enter text. |
| Lead partner organisation | Click or tap here to enter text. |
| Programme specific objective | Click or tap here to enter text. |
| Type of modification | [ ]  Modification of partnership[ ]  Modification of activities/deliverables/outputs[ ]  Modification of budget[ ]  Extension of project duration |

# Subject of modification request

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| What is the subject of the requested modification?Please very briefly and clearly explain what the modification is about.*(2-3 sentences)* |
| Click or tap here to enter text. |

# Reason and justification

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| What is the reason/cause of the modification?Describe background information that is leading to the requested change and provide a sound justification for the proposed measure.*(Max half page)* |
| Click or tap here to enter text. |

# Implications on project objectives/expected results and work plan, if applicable

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| Briefly explain possible consequence(s) of the modification on* the work plan (activities, deliverables and outputs, indicators)
* achievement of project specific objectives and expected results

*(Max half page)* |
| Click or tap here to enter text. |

# Implications on the budget, if applicable

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| In case of budget modifications, please specify approximate values in relation to the increases and/or decreases in the following (the exact change shall be visible in the modified AF):* Total LP/PPs budget (e.g. increase in LP budget by xxx EUR, %)
* Budget as per cost category by LP/PP and at the project level (e.g. increase in cost category XYZ by xxx EUR)

In case of extension of project duration, please indicate the budget shifted to the extended/new reporting period.In case of a reduction of the project budget, please indicate the total and ERDF by which the overall budget will decrease.*(Max half page)* |
| Click or tap here to enter text. |

# Request for retro-active approval, if required

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| If a retro-active approval is requested, please indicate the date as from when the modification should enter into force.*(date in DD.MM.YYYY format)* |
| Click or tap here to enter text. |

# List of annexes

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| Please refer to section 4.4 of the Implementation Manual chapter for required supporting documents. |
| * Click or tap here to enter text.
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| Signature: | ………………………………………………….. |
| Date: | Click or tap here to enter text. | Click or tap here to enter text. |
| Place: | Click or tap here to enter text. | Name of the LP’s legal representative |