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 |