**Force Majeure Notification Form**

Force Majeure is understood as unforeseeable circumstances that prevent someone from fulfilling a contract. Under the Erasmus+ Programme, Force Majeure usually occurs due to the illness of the participant, or death of an immediate family member. Please note that Force Majeure is awarded on a case by case basis.

For further information on Force Majeure under Key Action 2 Erasmus+ Programme, please refer to Article II.15 of Annex I to your grant agreement, as outlined below:

**ARTICLE II.15 — *FORCE MAJEURE***

**II.15.1** A party faced with *force majeure* must send a *formal notification* to the other party without delay, stating the nature of the situation or of the event, its likely duration and foreseeable effects.

**II.15.2** The parties must take the necessary measures to limit any damage due to *force majeure*. They must do their best to resume the implementation of the *action* as soon as possible.

**II.15.3** The party faced with *force majeure* may not be considered in breach of its obligations under the Agreement if it has been prevented from fulfilling them by *force majeure*.

1. If you feel a case of Force Majeure may apply please complete the following Table:

|  |  |
| --- | --- |
| Project Reference No |  |
| Name of the Beneficiary |  |
| Detailed description of circumstances leading to request of Force Majeure |  |

Please note that additional documentation might be requested from you to further justify the need for Force Majeure.

1. If you would like to apply Force Majeure for individual mobility (as participation in TPM or LTT)\*, please complete the following:

|  |  |
| --- | --- |
| Project Reference No |  |
| Name of the Beneficiary |  |
| Name of the Participant |  |
| Country of Destination |  |
| Dates the participant is due to travel (start and end date) |  |
| Actual dates travelled |  |
| Number of days completed |  |
| Detailed description of circumstances leading to request of Force Majeure |  |

\*The following documents should be attached with the request:

1. Flight and accommodation receipts.
2. In the case of illness of the participant - a copy of a medical certificate / letter from doctor.

The National Agency recommends you contact the travel insurance provider to see if they will reimburse for any accommodation costs or additional travel costs incurred.

|  |  |
| --- | --- |
| Finance Officer Signature: |  |
| Date: |  |

|  |
| --- |
| For NA Internal Use ONLYFinance Officer Approved: 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : |