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ERASMUS+ PROGRAMME

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| **KA2 STRATEGIC PARTNERSHIPS  KA210 SMALL SCALE PARTNERSHIPS**  **KA220 COOPERATION PARTNERSHIPS**  **CHANGE / AMENDMENT TO GRANT AGREEMENT REQUEST FORM** |

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| Grant Agreement number: **20XX-X-IE01-KAXXX-XXXXXXXX** | | | | | | |
| Grant agreement period: DD/MM/YYYY – DD/MM/YYYY | | | | | | |
| Project duration: XX (months) | | | | | | |
| Beneficiary: | | | | | | |
| Previous amendments | No: |  | Yes: |  | How many: |  |

**CHANGE / AMENDMENT CONDITIONS**

You must submit this request for a contract change/amendment to Léargas at least   
**6 weeks before the proposed change** and at least **4 weeks before the end date of the project**.

This request must be signed and dated by the Legal Signatory of the organisation.

Please note that a change/amendment will only take effect after it has been received by Léargas. You will receive an email confirming our decision or an official, signed amendment to the Grant Agreement. A verbal agreement is not binding on either party.

Before we approve any significant changes, we will need to be satisfied that the changes will not:

* Affect the eligibility of the project;
* Affect the ability of the project to achieve its overall objectives and core activities;
* Call into question the original grant award decision.

When applying for changes specified in sections A, B, C and D, please complete the form, have it signed and dated by the legal representative of your organisation, scanned and emailed back to [amendments@leargas.ie.](mailto:amendments@leargas.ie) Please ensure that any additional requirements outlined in these sections are also completed.

When applying for other changes, please complete the form and email it together with any additional supporting documentation specified in relevant sections of this form to [amendments@leargas.ie](mailto:amendments@leargas.ie)**.**

**Please tick the appropriate box(es) below and complete relevant corresponding section(s):**

A Changes to Grant Agreement duration

B Change of Beneficiary’s Legal Representative

C Change of Beneficiary’s Name/Address

D Change of Beneficiary’s bank details

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

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

G Changes to Activities/Work Packages and Budget

H Other

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| **A. Change to Grant Agreement Duration** | |
| Duration of Extension (in months) |  |
| Project new end date |  |
| Reason for requested change (max ½ page) |  |
| Note | Please note that the duration of KA2 projects cannot exceed the following:   * 36 months for KA2 projects funded between 2014 and 2020 * 36 months for Cooperation Partnerships (KA220) * 24 months for Small-scale Partnerships (KA210)   If your request for an extension might result in other changes to your project, you may wish to complete also other sections of this form (if applicable). |

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| **B. Change of the Legal Representative** | |
| Name of the former Legal Representative |  |
| Name, Position and the Address of the new Legal Representative (if different to the organisation’s legal address) |  |
| Email address of the new legal representative |  |
| Reason for requested change (max ½ page) |  |
| Note | Please ensure that this form is signed by the new legal representative. |

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| **C. Change of the Name/Address of the Beneficiary** | |
| Original Name/Address of the beneficiary |  |
| New Name/Address of the beneficiary |  |
| Reason for requested change |  |
| Note | * Completed relevant Legal Entity Form must be uploaded into your Organisation Registration Platform available here: [Search for an Organisation | Erasmus+ and European Solidarity Corps programmes (europa.eu)](https://webgate.ec.europa.eu/erasmus-esc/home/organisations/search-for-an-organisation). * The Legal entity Form is available for a download here: [You searched for legal entity form - Leargas](https://www.leargas.ie/?s=legal+entity+form) * The form needs to be dated and signed by the legal representative of the beneficiary. * In cases where the bank details have changed as a result of the above changes, section D of this form must be also completed. |

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| **D. Change to Beneficiary’s bank details** | |
| New bank account details | Name of bank:  Address of branch:  Account holder:  Full account number (including bank codes):  Sort Code:  IBAN code:  BIC/SWIFT code: |
| Reason for requested change (max ½ page) |  |
| Additional documentation | * Completed Financial Identification must be uploaded into your Organisation Registration Platform available here: [Search for an Organisation | Erasmus+ and European Solidarity Corps programmes (europa.eu)](https://webgate.ec.europa.eu/erasmus-esc/home/organisations/search-for-an-organisation). * The Financial Identification Form is available for a download here: [Erasmus+ OID - Financial Identification Form - Leargas](https://www.leargas.ie/resource/erasmus-oid-financial-identification-form/) * The form needs to be dated and signed by the legal representative of the beneficiary and accompanied by a copy of the beneficiary’s bank statement. * If the bank statement is not available, the Financial ID form should be also signed by the bank’s representative. Please follow the instructions on the form. |

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| **E. Withdrawal of Partner(s)** | |
| Name of the Withdrawing Partner(s) |  |
| Reasons for withdrawal (max ½ page)\*  \* In case where no new partner is joining, please comment upon the (re)distribution of the tasks amongst the existing partners. |  |
| The date on which the withdrawal takes effect (after the date of the amendment request) |  |
| Additional Documentation | * An official letter dated and signed by the legal representative of the withdrawing Partner (as per approved mandate) confirming: * the reasons for withdrawal * the date of withdrawal * if no costs were incurred by the withdrawing Partner in the project – such confirmation should be included in the letter. * A report on the activities carried out by the withdrawing Partner from the start date of the project to the date when withdrawal takes effect.   If the withdrawing Partner incurred the costs related to the project the documentation listed above should be accompanied by:   * A financial statement on expenditure (per relevant grant headings/work package/activity) incurred by the withdrawing Partner from the start date of the project to the date when withdrawal takes effect.   The Coordinating Partner (Beneficiary) should:   * update Mobility+ Tool/Beneficiary Module on the details of the above statement. * request also all evidence of costs incurred by the withdrawing Partner. |
| Note | * If the withdrawing Partner is being replaced by another organisation, section E (as below) must also be completed. * Partner(s) withdrawal may imply changes to the original grant (in which case section G of this form should be completed). |

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| **F. New / Replacement partner(s) joining the project** | |
| Name of the new Partner |  |
| Reason for joining in (max ½ page) |  |
| Additional Documentation | * A copy of a *Mandate* between the beneficiary and the new Partner dated and signed by their legal representatives. The Mandate template is available for a download here: <https://www.leargas.ie/?s=mandate>. * Fully completed *KA1/KA2 Partner Information Template* – to be requested from the NA. * Partner’s OID should be certified by the relevant National Agency |

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| **G. Changes to Activities/Work Packages and Budget** | |
| Details of the proposed changes to project activities, work packages and their budgets  \*Please refer to your grant agreement and Annex III for budget transfer rules |  |
| Reason for proposed changes (max ½ page) |  |
| Note | **Please consider the following:**   * KA2 Strategic Partnership projects (KA2 projects funded between 2014 and 2020) – describe planned changed and budget transfers between grant headings based on unit costs. * KA220 Cooperation Partnerships funded in 2021 - describe planned changed and budget transfers between grant headings based on unit costs. * KA210 funded from 2021 onwards – describe changes to project activities and budgets/breakdown of costs allocated to them in detail. * KA220 funded from 2022 onwards – describe changes to project work packages and budgets/breakdown of costs allocated to them in detail. |

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| **G. Other** | |
| **Please detail and fully justify any other proposed changes to your project (maximum 1 page).** |  |

##### DECLARATION OF CONFORMITY

I, the undersigned, hereby declare that information in the above form and attached documentation 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.

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| **Legal Representative Print Name** |  |
| **Legal representative Signature** |  |
| **Date** |  |

**For NA Internal use ONLY**

**Formal Amendment Required Yes** ¨ **No** ¨

EDT/YSE Approval (if required) ¨ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :

Finance & Ops Approval ¨ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :

1. If one partner is replacing another, please tick both D and E [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)