**

ERASMUS+ PROGRAMME

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| KA1 Projects**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**.** 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 .

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

**Category of request:**

[ ]  A Change 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 Change to activity types, dates, durations

[ ]  F Change to participant numbers

[ ]  G Change of host country/host Partner organisation
[ ]  H New Partner/Consortium Member Joining the Project (KA152, KA153, KA121)

[ ]  I Other

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| **A. Change to Grant Agreement Duration** |
| Original project start and end date |  |
| Duration of Extension& Project new end date |  |
| Reason for requested change | Please note that the requested extension must comply with relevant criteria (maximum duration of the extension and maximum duration of projects) as per the Programme Guide. 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 |  |
| 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  |  |
| 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. Change to Activity Types and Dates (Activity Duration)** |
| Original **activity** start and end date  |  |
| New start and end dates of activity  |  |
| Reason for requested change |  |
| Note | Please clearly specify to which activity (and flow) the change refers to and how.Please confirm that the planned change does not affect the remaining activities and flows. |

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| **F. Change to Participant Numbers** |
| Original contracted participant numbers (per activity and flow) |  |
| New participant numbers (per each relevant activity and flow; including accompanying persons) |  |
| Reason for requested change |  |
| Note | Please provide details on a new number of participants per relevant activity and flow by referring to your approved application, where relevant. |

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| **G. Change of Host Country / Host Partner Organisation** |
| Original contracted host country/host Partner organisation (for each affected activity and flow) |  |
| New host country/host Partner organsiation (name) |  |
| Change requested |  |
| Reason for requested change |  |
| Note | * Please confirm how the change will affect relevant activity/activities (e.g. changes to the nature/structure/topic of the activity), the number of awarded mobilities, overall project objectives.
* Please provide the following information of the new Partner/host organisation: address, brief background outline
* Please explain how the new Partner/new Host Organisation will maintain/enhance the existing quality of the application.
* All host organisations should have OID number.
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| **H.** **New Partner/Consortium Member Joining the Project in KA152, KA153 and KA121** |
| Original contracted Partner/Consortium Member |  |
| Name of the new Partner/Consortium Member |  |
| Reason for requested change |  |
| Additional documentation | For KA152, KA153, KA121 projects, the following is required:* a copy of a signed mandate between the beneficiary and the new Partner
* fully completed *KA1/KA2 Partner Information Template*
* information on how the new partner will maintain / enhance the existing quality of the application.
* Partner/Consortium Member should have a certified OID
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| **H. Other change (including changes to the budget)** |
| Original contracted element |  |
| Change requested |  |
| Reason for requested change |  |

**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 and Position** |  |
| **Legal representative Signature** |  |
| **Date** |  |

**For NA Internal use ONLY**

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

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

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