***Erasmus+ Programme 2014-2020***

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| **KA1 Mobility: Grant Agreement Amendment Request Form****Due To Corona/COVID-19 virus measurements** |

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| --- | --- |
| **Grant Agreement number:**  | **Agreement period (start – end date):** |
| **Year:**  | Country: NL | **Project duration (months):**  |
| **Title:** » |
| **Beneficiary:** |
| **Name of Beneficiary’s legal representative:**  |
| **Grant Agreement amendments**  | No [ ]  Yes [ ]  If yes, how many: |

##### DECLARATION OF CONFORMITY

I, the undersigned, hereby declare that the attached information 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.

...........................................................................................................…………………………………

(*Original signature of the person legally authorised to act on behalf of the beneficiary organisation and who signed the agreement)*

Position within the beneficiary organisation: …………….................…………………………..………………

Place & Date: ………………………………………………………………………......……………………*.*

Form to be returned to the following address:

NA Erasmus+ Education and Training vet|ae

P.O. Box 29777

2502 LT Den Haag

The Netherlands

**AMENDMENT SUMMARY**

Amendments to the grant agreement are subject to written requests, dated and signed by the beneficiary's legal representative. These amendments are also subject to formal endorsement by the National Agency.

Please note that an amendment only takes effect following signature by the National Agency (this will be in the form of an official, signed amendment to the grant agreement)

Following the completion of the appropriate section of this form, please print, sign, date and send by ordinary mail, together with an accompanying letter and all appropriate annexes, to the National Agency.

The present request for amendment, to the initial agreement (including previous amendments), concerns one or more of the following items (please, tick the box

[ ]  Request for project duration extension due to Corona/COVID-19 virus measurements.

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| **Changes to the project duration and reporting date** |

**NB:** Please note that the project duration is bound to conditions specified in the relevant Call for Proposals, the Erasmus+ Programme Guide and the grant agreement. In exceptional cases, the duration of a Mobility project may be extended, upon request by the beneficiary and with the agreement of the National Agency, latest until December 30 2020 (Call 2018) or until December 30 2021 (Call 2019). In such a case, the total grant will not change. In all cases, projects cannot end not later than 30 December 2020 (projects funded under Call 2018, round 1) or 30 December 2021 (projects funded under Call 2019).

|  |  |
| --- | --- |
| Current project commencement date (dd/mm/yyyy): |  |
| Current project end date (dd/mm/yyyy): |  |
| Change requested (months)[[1]](#footnote-1): |   |
| New project end date (dd/mm/yyyy): |  |
| Previous reporting date (dd/mm/yyyy) (60 days after end date): |  |
| New reporting date (dd/mm/yyyy) (60 days after new end date): |  |

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| **Reasons for changes to the project duration (max 1/2 page)** |
| **Force Majeure: Article II.15 of the general conditions.** |

**Reserved for National Agency:**

Documents received:

|  |  |
| --- | --- |
| Grant Agreement Amendment Request Form | Original: |
| Annexes |  |
|  |  |
|  |  |

Missing data, to be submitted as soon as possible (not later than two weeks):

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|  |

We acknowledge receipt of your Grant Agreement Amendment Request Form:

|  |  |  |  |
| --- | --- | --- | --- |
| *Country* | *Year* | *Project type* | *Project number* |
|  |  |  |  |

Please use this number in all communication with the National Agency.

Yours sincerely

Date: \_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please enter a minus figure where a reduction to the project duration is required [↑](#footnote-ref-1)