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Conditions for the Amendment request submission	Error! Bookmark not defined.

Project details

[Fields in the below tables are filled in by the system and not editable, unless otherwise specified]

Applicant organisation	[Applicant organisation legal name]
Applicant organisation OID	[Applicant organisation OID]
Project code:	[Project code]
Action type:	[Action Type label + code in brackets]
Field:	[Field, e.g. 'Adult education']
Project start date:	[DD/MM/YYYY]
Project end date:	[DD/MM/YYYY]
Accreditation code:	[Accreditation code]
Accreditation type:	[ApplyingErasmusAccreditationType]
Number of consortium members:	[Count of consortium members] [Only show this line if "Applying on behalf of a consortium?" flag =Yes]
Grant awarded:	[Awarded grant in last GA version]

National Agency:	[Owner NA of the project] [AGENCIES APPLICABILITY]
Language used to fill in the form:	[Language]

Current budget usage

[DO NOT SHOW LINES ‘INCLUSION SUPPORT FOR ORGANISATIONS’; ‘INCLUSION SUPPORT FOR PARTICIPANTS’; ‘EXCEPTIONAL COSTS’, ‘EXCEPTIONAL COSTS FOR EXPENSIVE TRAVEL’; ‘EXCEPTIONAL COSTS FOR FINANCIAL GUARANTEE’ IF THEIR REPORTED AND AWARDED GRANT IS ZERO OR EMPTY]

[ONLY COMPLETE MOBILITY ACTIVITIES ARE INCLUDED FOR CALCULATIONS IN THE TABLE BELOW]

The following table presents the grant amount that has been used so far, based on the data you have introduced in the reporting tool. All fully encoded activities (marked as ‘complete’ in the reporting tool) are included, regardless of whether they have already taken place or they are planned. Please make sure the reporting tool is fully accurate and up to date before submitting your amendment request.

Budget category	Current grant reported	Grant awarded
Organisational support	[Prefilled from BM]	N/A
Travel	[Prefilled from BM]	N/A
Individual support	[Prefilled from BM]	N/A
Inclusion support for organisations	[Prefilled from BM]	N/A
Preparatory visits support	[Prefilled from BM]	N/A
Inclusion support for participants	[Prefilled from BM]	N/A
Exceptional costs	[Prefilled from BM]	[Prefilled from PMM]
Exceptional costs for expensive travel	[Prefilled from BM]	[Prefilled from PMM]
Exceptional costs for financial guarantee	[Prefilled from BM]	[Prefilled from PMM]
Total	[Prefilled from BM]	[Prefilled from PMM]

Current absorption rate	[Total current grant reported / Total grant awarded; show as %; max 100%]
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Activities

[BEGIN SECTION: THIS SECTION IS SHOWN IF CURRENT DATE IS WITHIN THE START AND END DATE OF THE INTERIM EXERCISE: 1 AUGUST – 31 OCTOBER 2022]

[THE FOLLOWING TABLE INCLUDES ONLY ACTIVITY TYPES WHERE EITHER INDICATIVE TARGET OR IMPLEMENTED FIGURE IS NOT ZERO; INDICATIVE TARGETS WHOSE VALUE IS NULL ARE SHOWN AS ZEROS; PDF: NO PAGE BREAKS ALLOWED WITHIN THIS TABLE; ONLY MOBILITY ACTIVITIES WHOSE END DATE HAS PASSED ARE INCLUDED]

[FIRST DISPLAY LIST OF GROUPED ACTIVITY TYPES ENCODED IN PMM WITH INDICATIVE VALUES (AWARDED) ALONG WITH IMPLEMENTED VALUES FROM BM. THEN DISPLAY ADDITIONAL ACTIVITY TYPES THAT ARE NOT FOUND IN PMM BUT ENCODED IN BM ONLY WITH IMPLEMENTED VALUES]

Activity Type	Number of activities			Number of participants			Number of preparatory visits			Number of persons in preparatory visits		
	Indicative target	Implemented		Indicative target	Implemented		Indicative planning	Implemented		Indicative planning	Implemented	
Activity type 1 [Prefilled from PMM or BM]	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%
Activity type 1 [Prefilled from PMM or BM]	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%
Etc.	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%	[Prefilled from PMM]	[Total]	[Percentage]%
Total	[SUM]	[SUM]	[AVERAGE]	[SUM]	[SUM]	[AVERAGE]	[SUM]	[SUM]	[AVERAGE]	[SUM]	[SUM]	[AVERAGE]

[THE FOLLOWING TABLE INCLUDES THE SAME GROUPED ACTIVITY TYPES SHOWN IN THE TABLE ABOVE; INDICATIVE TARGETS WHOSE VALUE IS NULL ARE SHOWN AS ZEROS; PDF: NO PAGE BREAKS ALLOWED WITHIN THIS TABLE; ONLY MOBILITY ACTIVITIES WHOSE END DATE HAS PASSED ARE INCLUDED]

Activity Type	Number of participants with fewer opportunities			Number of persons using sustainable means of transport (green travel)		
	Indicative target	Implemented		Indicative target	Implemented	
Activity type 1 [Prefilled from PMM or BM]	[Prefilled from PMM]	[Total]	[Percentage]%	N/A	[Total]	[Percentage]%
Activity type 1 [Prefilled from PMM or BM]	[Prefilled from PMM]	[Total]	[Percentage]%	N/A	[Total]	[Percentage]%
Etc.	[Prefilled from PMM]	[Total]	[Percentage]%	N/A	[Total]	[Percentage]%
Total	[SUM]	[SUM]	[AVERAGE]	[SUM]	[SUM]	[AVERAGE]

[CHECKBOX, MANDATORY] I confirm that the data encoded in the Erasmus+ reporting tool is correct and complete at the time of submitting this request.

[CHECKBOX, MANDATORY] I agree that the National Agency may read and analyse the data encoded in the Erasmus+ reporting tool for the purpose of processing this request.

[END SECTION]

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Amendment request

[BEGIN SECTION: ONLY SHOW THIS SECTION IF CURRENT DATE IS WITHIN THE START AND END DATE OF THE INTERIM EXERCISE: 1 AUGUST – 31 OCTOBER 2022]

Would you like to request any of the following changes to your grant agreement?

[CHECKBOX] Request funding for additional activities

[CHECKBOX] Prolong grant agreement duration to 24 months

[BEGIN: ONLY SHOW THIS BLOCK IF REQUEST FUNDING FOR ADDITIONAL ACTIVITIES = YES]

How much additional funding would you like to request? This request concerns only standardised costs. It does not include inclusion support for participants and exceptional costs, which can be requested separately.

[DECIMAL, TWO DIGITS, MORE THAN ZERO] EUR

In terms of percentage, your request translates to an increase of [PERCENTAGE]%.

If additional funding is approved, your indicative targets for all activities will be increased by the same percentage.

[PERCENTAGE = CALCULATED PERCENTAGE AGAINST GRANTUNITCOSTITEMS AND ROUNDED TO TWO DECIMALS AND ROUNDED TO TWO DECIMALS. "GRANTUNITCOSTITEMS" IS AVAILABLE FROM PMM PROJECT BUDGET. $PERCENTAGE=REQUEST*100/GRANTUNITCOSTITEMS$]

Please note that requests for additional funding will be considered only if your National Agency has additional funding available.

[END]

[BEGIN: ONLY SHOW THIS BLOCK IF REQUEST FUNDING FOR ADDITIONAL ACTIVITIES = YES OR PROLONG GRANT AGREEMENT DURATION TO 24 MONTHS = YES]

Please explain your request.

[CHAR 5000, MANDATORY]

[END]

[END SECTION]

[PDF: FORCE PAGE BREAK HERE]

Real costs

[BEGIN SECTION: ONLY SHOW THIS SECTION IF CURRENT DATE IS BEFORE 31 OCTOBER]

In the table below you can submit additional requests for exceptional costs and inclusion support for participants.

[LIST OF COST TYPES AND THEIR CORRESPONDING SUPPORT RATES ARE PULLED FROM THE MASTERFILE, SAME AS AF. ACTIVITY TYPES ARE DULY FILTERED BY ACTION TYPE. ELIGIBLE AMOUNT IS CALCULATED APPLYING THE SUPPORT RATE TO ESTIMATED COST, ROUNDED TO TWO DECIMALS. USER CAN ADD AND DELETE LINES, MULTIPLICITY 0..99]

[SUPPORT RATE IS DEFINED IN PROGRAMME TREE. SUPPORT RATE FOR KA151 CALL 2021 IS 100%]

Exceptional costs and inclusion support for participants						
Cost type	Activity type	Estimated number of participants	Description and justification	Estimated cost (EUR)	Support rate (%)	Eligible amount (EUR)
[DROP-DOWN. CCM2 TYPE= REALCOSTITEM]	[DROP-DOWN]	[INTEGER>0]	[CHAR 500]	[INTEGER]	[INTEGER]	[DECIMAL (10,2)]
...
Total		[SUM]		[SUM]		[SUM]

[END SECTION]

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General requests

[BEGIN: SHOW THIS PART IF CURRENT DATE IS BEFORE 31 OCTOBER 2022]

If you need to request any other kind of change to your grant agreement, please describe your request and reasons for the change.

[CHAR 5000]

Note: If you have experienced serious issues in implementing your plan, you can ask to return some of the awarded funding at this stage. However, this option should be used as a last resort. Whenever possible, it is better to request a prolongation of your grant agreement and to use the additional time to implement the remaining activities. Before making a request to reduce your grant, please ask for advice of your National Agency.

[END]

[BEGIN: SHOW THIS QUESTION IF CURRENT DATE IS AFTER 31 OCTOBER 2022]

Please describe your amendment request and reasons for the change.

[CHAR 5000, MANDATORY]

[END]

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Annexes

The maximum size of a file is 15 MB and the maximum total size is 100 MB.

The maximum number of all attachments is 100.

Declaration on Honour

Please download the Declaration on Honour, print it, have it signed by the legal representative and attach.

 Download the declaration on honour
 Add the declaration on honour







Other documents

Please attach any other relevant documents.

If you have any additional questions, please contact your National Agency. You can find their contact details here: [List of National Agencies.](#)

+
Add documents

List of documents

No	Name	File size (kB)	Type of document	Actions
1	declaration-on-honour_EN.pdf	56.87	Declaration on Honour	 
2	Filename1.doc	900.56	Other document	 
3	Nex txt file.txt	1.5	Other document	 

Checklist

Before submitting your amendment request to the National Agency, please make sure that:

- All necessary information on your project has been encoded in Beneficiary Module;
- The amendment request form has been completed using one of the mandatory languages specified in the Grant Agreement;
- All the relevant documents are annexed:
 - Declaration on Honour, signed by the legal representative of the beneficiary organisation;
 - The necessary supporting documents as requested in the grant agreement;
- You have saved or printed the copy of the completed form for your records.

PROTECTION OF PERSONAL DATA

Please read our privacy statement to understand how we process and protect [your personal data](#).