

[TABLE OF CONTENTS WILL BE SHOWN IN THE PDF FILE ONLY, NOT IN UI. ALL ITEMS IN THE TABLE OF CONTENTS SHOULD BE LINKS TO THE CORRESPONDING SECTION IN THE DOCUMENT; ONLY SECTIONS ACTUALLY DISPLAYED IN PDF CAN APPEAR IN THE TABLE OF CONTENTS]

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Project details

[FIELDS IN THIS TABLE 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]
Project start date:	[DD/MM/YYYY]
Project end date:	[DD/MM/YYYY]
Accreditation code:	[Accreditation code]
Accreditation type:	[ApplyingErasmusAccreditationType]
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; EDITABLE]

Budget overview

The following tables present the budget overview of your project. Calculation for ‘Grant reported’ is based on the data you have introduced in the reporting tool. The calculation for completely encoded activities includes all activities marked as ‘complete’ in the reporting tool regardless of their timing, while the calculation for implemented activities includes only completely encoded activities with end date in the past. Please make sure the data in the reporting tool is fully accurate and up to date before submitting your amendment request.

[IN THE TABLE BELOW: ‘GRANT REPORTED (COMPLETELY ENCODED ACTIVITIES)’ INCLUDES ONLY COMPLETE MOBILITY ACTIVITIES; ‘GRANT REPORTED (IMPLEMENTED ACTIVITIES)’ INCLUDES ONLY COMPLETE MOBILITY ACTIVITIES WITH END DATE IN THE PAST]

Budget category	Grant reported (completely encoded activities)	Grant reported (implemented activities)	Grant awarded
Organisational support	[Prefilled from BM]	[Prefilled from BM]	N/A
Travel	[Prefilled from BM]	[Prefilled from BM]	N/A
Individual support	[Prefilled from BM]	[Prefilled from BM]	N/A
Linguistic support	[Prefilled from BM]	[Prefilled from BM]	N/A
Inclusion support for organisations	[Prefilled from BM]	[Prefilled from BM]	N/A
Preparatory visits	[Prefilled from BM]	[Prefilled from BM]	N/A
Total (standard costs)	[Column sum]	[Column sum]	[Prefilled from PMM = Grant awarded for unit costs]

[IN THE TABLE BELOW: ‘GRANT REPORTED (COMPLETELY ENCODED ACTIVITIES)’ INCLUDES ONLY COMPLETE MOBILITY ACTIVITIES; ‘GRANT REPORTED (IMPLEMENTED ACTIVITIES)’ INCLUDES ONLY COMPLETE MOBILITY ACTIVITIES WITH END DATE IN THE PAST;
DO NOT SHOW THE TABLE BELOW IF TOTALS IN ALL THREE COLUMNS ARE ZERO; DO NOT SHOW LINES WHERE ALL THREE GRANT COLUMNS ARE ZERO OR NULL; FOR ‘EXCEPTIONAL COSTS FOR FINANCIAL GUARANTEE’ BOTH GRANT REPORTED COLUMNS SHOULD SHOW THE AMOUNT ENCODED IN THE BUDGET TAB (SINCE THIS BUDGET CATEGORY IS NOT BROKEN DOWN PER MOBILITY ACTIVITY)]

Budget category	Grant reported (completely encoded activities)	Grant reported (implemented activities)	Grant awarded
Inclusion support for participants	[Prefilled from BM]	[Prefilled from BM]	[Prefilled from PMM]

Exceptional costs for expensive travel	[Prefilled from BM]	[Prefilled from BM]	[Prefilled from PMM]
Exceptional costs	[Prefilled from BM]	[Prefilled from BM]	[Prefilled from PMM]
Exceptional costs for financial guarantee	[Prefilled from BM]	[Prefilled from BM]	[Prefilled from PMM]
Total (inclusion support for participants and exceptional costs)	[Column sum]	[Column sum]	[Column sum]

[IN THE TABLE BELOW: DO NOT SHOW LINE 'TOTAL' IF TOTAL (INCLUSION SUPPORT FOR PARTICIPANTS AND EXCEPTIONAL COSTS) IS ZERO]

	Grant reported (completely encoded activities)	Grant reported (implemented activities)	Grant awarded
Total	[Total (standard costs) + Total (inclusion support for participants and exceptional costs)]	[Total (standard costs) + Total (inclusion support for participants and exceptional costs)]	[Total (standard costs) + Total (inclusion support for participants and exceptional costs)]
Current absorption rate	[Total Grant reported (completely encoded activities) / Total grant awarded; show as %; max 100%]	[Total Grant reported (implemented activities) / Total grant awarded; show as %; max 100%]	N/A

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Activities

The following tables present the activities you have implemented so far compared with indicative targets defined in your grant agreement. The tables include only completely encoded activities (marked as 'complete' in the reporting tool) with end date in the past.

[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 COMPLETE 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 participants			Total duration (in days)			Number of group leaders, facilitators, trainers and accompanying persons			Total duration (in days) for group leaders, facilitators, trainers and accompanying persons			Number of persons taking part in preparatory visits		
	Indicative target	Implemented		Indicative target	Implemented		Indicative planning	Implemented		Indicative planning	Implemented		Indicative planning	Implemented	
Activity type 1 [Prefilled from PMM or BM]	[Prefilled from PMM]	[Total]	[Percentage] %	[Prefilled from PMM]	[Total(average)] calculated from field Funded duration (days)	[Percentage] %	[Prefilled from PMM]	[Total]	[Percentage] %	N/A	[Total(average)]	N/A	[Prefilled from PMM]	[Total]	[Percentage] %
Activity type 1 [Prefilled from PMM or BM]	[Prefilled from PMM]	[Total]	[Percentage] %	[Prefilled from PMM]	[Total(average)] calculated from field Funded	[Percentage] %	[Prefilled from PMM]	[Total]	[Percentage] %	N/A	[Total(average)]	[Percentage] % N/A	[Prefilled from PMM]	[Total]	[Percentage] %

					duration (days)											
Etc.	[Prefilled from PMM]	[Total]	[Percentage] %	[Prefilled from PMM]	[Total(average)] calculated from field Funded duration (days)	[Percentage] %	[Prefilled from PMM]	[Total]	[Percentage] %	N/A	[Total(average)]	[Percentage] % N/A	[Prefilled from PMM]	[Total]	[Percentage] %	
Total	[SUM]	[SUM]	[%]	[SUM]	[SUM]	[%]	[SUM]	[SUM]	[%]	[SUM]	[SUM]	[%]	[SUM]	[SUM]	[%]	

[THE FOLLOWING TABLE INCLUDES THE SAME GROUPED ACTIVITY TYPES SHOWN IN THE TABLE ABOVE (EXCEPT PREPARATORY VISITS); INDICATIVE TARGETS WHOSE VALUE IS NULL ARE SHOWN AS ZEROS; AS EXCEPTION TO THE STANDARD RULE, COUNT IN COLUMN ‘NUMBER OF PERSONS USING SUSTAINABLE MEANS OF TRANSPORT (GREEN TRAVEL)’ INCLUDES BOTH PARTICIPANTS AND ACCOMPANYING PERSONS; PDF: NO PAGE BREAKS ALLOWED WITHIN THIS TABLE; ONLY COMPLETE 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] %	[Prefilled from PMM]	[Total]	[Percentage] %
Total	[SUM]	[SUM]	[%]	[SUM]	[SUM]	[%]

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

[CHECKBOX, MANDATORY FOR USER TO CHECK] 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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Interim amendments exercise

Important note: change requests specified in this section can be made only during the period of the interim amendment exercise, as defined by your National Agency.

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

[CHECKBOX] Request funding for additional activities.

[CHECKBOX] Extend grant agreement duration to 24 months.

[CHECKBOX] Request reduction in funding. [Only if Request funding for additional activities = NO]

[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. "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 for additional funding and/or project extension.

[CHAR 5000, MANDATORY]

[END]

[PDF: FORCE PAGE BREAK HERE]

[BEGIN: ONLY SHOW THIS BLOCK IF REQUEST REDUCTION OF FUNDING = YES]

Note: If you have experienced serious issues in implementing your plan, you can ask to return some of the awarded funding during the interim amendments exercise. However, this option should be used as a last resort. Whenever possible, it is better to request an extension 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. Unjustified requests to return funds may be rejected.

How much funding would you like to return? This request concerns only budget categories based on unit costs. It does not include inclusion support for participants and exceptional costs - for those cost categories amendment requests should be made separately under 'Other requests' at the end of this template.

[DECIMAL, TWO DIGITS, MORE THAN ZERO] EUR

In terms of percentage, your request translates to a decrease of [percentage] %.

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

[PERCENTAGE = CALCULATED PERCENTAGE AGAINST GRANTUNITCOSTITEMS AND ROUNDED TO TWO DECIMALS. "GRANTUNITCOSTITEMS" IS AVAILABLE FROM PMM PROJECT BUDGET. PERCENTAGE=-REQUEST*100/GRANTUNITCOSTITEMS – PLEASE NOTE THE CHANGE OF SIGN FROM POSITIVE TO NEGATIVE FOR THE PURPOSE OF THIS FORMULA]

Please explain your request for a reduction of the project grant funding

[CHAR 5000, MANDATORY]

[END]

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Exceptional costs and inclusion support for participants

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 2023: 100% FOR ELIGIBLE VISA AND VISA-RELATED COSTS, RESIDENCE PERMITS, VACCINATIONS, MEDICAL CERTIFICATIONS AND 80% FOR FINANCIAL GUARANTEE AND EXPENSIVE TRAVEL COSTS.]

[ALL FIELDS ARE MANDATORY]

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]

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Other requests

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]

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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

[\[PDF: START SECTION ON A NEW PAGE\]](#)

Before submitting your amendment request to the National Agency, please make sure that all of the following has been done. Items marked as 'automatic check' are checked by the system.

- All mandatory fields in the template have been filled in (automatic check). [\[NON-EDITABLE; CHECKED BY THE SYSTEM IF ALL MANDATORY FIELDS HAVE BEEN FILLED IN\]](#)
- The data on implemented activities in your projects is up to date in Beneficiary Module. [\[MUST BE CHECKED BY THE USER\]](#)
- The amendment request form has been completed using one of the allowed languages specified in your grant agreement; [\[MUST BE CHECKED BY THE USER\]](#)
- Declaration on Honour has been uploaded (automatic check). [\[NON-EDITABLE; CHECKED BY THE SYSTEM BASED ON DECLARATION ON HONOUR BEING ANNEXED OR NOT\]](#)
- Declaration on Honour has been signed by your organisation's legal representative. [\[MUST BE CHECKED BY THE USER\]](#)
- You have saved or printed a copy of the completed form for your records. [\[MUST BE CHECKED BY THE USER\]](#)

PROTECTION OF PERSONAL DATA

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