**Change request form**

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| **Part A: Information about the change** (to be filled in by the beneficiary)**:** | |
| **Name of the programme and call** | Click here to enter text. |
| **Project code**  Enter project code or project codes. If the change has an impact on all projects implemented by the organization, state "mass change". | Click here to enter text. |
| **Project name** | Click here to enter text. |
| **Project duration period** | Click here to enter text. |
| **Project promoter** | Click here to enter text. |
| **Project partners**  ***Provide, if relevant*** | Click here to enter text. |
| **Request prepared by – contact** (phone, e-mail) | Click here to enter text. |
| **Date when the need for change was detected** | Click here to enter date. |

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| **1. Description of the requested or notified change**  *(e.g. Changes in the deadlines for achievement of outcomes; Changes in project team members (it is always necessary to indicate the original and the new team member); Change in the description of outcome No. … and the requested description of the outcome; Change of a partial objective No. … and description of the requested wording of the partial objective, etc.)* |
| Click here to enter text. |
| **2. Justification of the change**  *(Describe what happened and lead to the change)* |
| Click here to enter text. |
| **3. What impact will the change have on the project implementation?**  *(For instance, It will be possible to carry out works that will prove....facilitate.....enable...etc...)* |
| Click here to enter text. |
| **4. How will the change contribute to improving the project objectives?**  *(Mandatory only for a change request)* |
| Click here to enter text. |
| **5. What impact will the change have on project outputs/outcomes (activities leading to their creation and deadlines for their achievement)?**  *(For instance: Existing outputs/outcomes are not jeopardised by the change …; New output/outcome will be created...etc.)* |
| Click here to enter text. |
| **6. What impact will the change have on the distribution of intellectual property rights to outcomes?**  *(For instance: Revision of the Agreement on cooperation/ on participation in the project; Compared with the existing Agreement on cooperation/ on participation in the project, the distribution of rights will be modified, etc.)* |
| Click here to enter text. |
| **7. What impact will the change have on commercialisation of a project outcome (date of commercialisation)?**  *(For instance: Change in foreseen benefits; Change in the method of commercialisation, etc.)* |
| Click here to enter text. |
| **8. What impact will the change have on the project budget (tables of total eligible costs, project funding rate)?**  *(For instance: Change in project funding rate; Change in total eligible costs, etc.)* |
| Click here to enter text. |
| **9. How will you handle the situation if the request is not approved?** |
| Click here to enter text. |
| **List of annexes** |
| Click here to enter text. |
| Click here to enter text. |

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| **Part B: Assessment by the responsible officer (to be completed by the responsible officer):** | |
| **Officer** |  |
| **Completeness of the request** | |
| **Does the request cover all the impacts of the change on the project implementation?** | |
| Click here to enter text. | |

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| **Part C: Expert assessment** | |
| **Expert assessor** | Click here to enter text. |
| **Name of the expert assessor** | Click here to enter text. |
| **Date of the issued opinion** | Click here to enter date. |
| **Opinion of the expert assessor** | Click here to enter text. |
| **1. Justification of the change**  *(For instance: Is there an objective reason to change the project? What leads the beneficiary to submit the request, if the justification of the request is relevant in relation to the project implementation?)* | |
| Click here to enter text. | |
| **2. Usefulness**  *(For instance: Is the change necessary to achieve an objective / outcome / output? Will the change affect the quality of the project implementation ?; Will the required change lead to the achievement of an objective / outcome / output?)* | |
| Click here to enter text. | |
| **3. Impact of the change on implementation**  *(For instance: Does the commercialisation of the outcome / output described in the request correspond to the real market potential? Does the project change affect the IPR distribution within the project? Is the change in accordance with the Agreement on cooperation/ on participation in the project?)* | |
| Click here to enter text. | |
| **4. Expert assessor’s opinion (other remarks)** | |
| Click here to enter text. | |

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| **Part D: Approval of the request** | | | |
| **Approval by the responsible officer** | **Yes** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **No** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **Name, signature**  **and date**  *(or confirmation by the filing service)* |  |  |
| **Revision of the procedure** | **Yes** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **No** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **Name, signature**  **and date**  *(or confirmation by the filing service)* |  |  |
| **Approval by the Head of Department** | **Yes** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **No** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **Name, signature**  **and date**  *(or confirmation by the filing service)* |  |  |
| **Approval by the Division Director** | **Yes** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **No** | https://lh4.googleusercontent.com/HcaixryXQaci8YQjGbrSBqLiG14SjQkTFsT9TocajHMy8nf3eSvKPSV9MtBHMBvlxMmbhgz68o-Tsmy_bFL3De4sNWnOTnEFVZmKJ51HxfAJgzrza2libr93ymFMZ9KXRxZ0neMtv0HXvbxqHA | Click here to enter text. |
| **Name, signature**  **and date**  *(or confirmation by the filing service)* |  |  |