**Project modification request through Notification**

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| --- |
| 1. **Project information and type of modification (s)**
 |
| **eMS Code** |  |
| **Priority Axis** |  |
| **Investment Priority** |  |
| **Project Title** |  |
| **Lead Partner** |  |
| **Contact:** |  |
| **Requested project modification (s)** | **E.G:***- budgetary reallocations within the budgetary line, in the limit of 20%, without changing the total amount of the budgetary line (with properly documented market research);**- replacement of the legal representative;**-etc.**Please see Project Implementation Manual.* |
| **Modification request no.** |  |

|  |
| --- |
| 1. **Detailed description and justification of the project modification(s) requested**
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Partner concerned | Subject of change | Original text | Modified text | Justification | Type of supporting document(s) attached |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Other observations/completions:In case the change involves a budget modification, please fill in the table:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Partner concerned | Budget line | Original amount (EUR) | Modified amount (EUR) | Amount of change (EUR) | Justification |
|  |  |  |  |  |  |  |

Other observations/completions: |
| 1. **Risks the project implementation / partnership is faced with**
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|  |
| 1. **How would the project modification improve the situation?**
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|  |

**Lead Beneficiary Date and Stamp**

*(Name)*

**Legal Representative**

*(Name and signature)*