**“Request for project changes” Form   
ERA-Net Smart Energy Systems projects**

Preamble

* The ERA-Net SES project consortium is obliged to inform and request a project change in an approved ERA-Net SES project by sending this standardised form via email to the ERA-Net SES Call Management. The project owner is responsible for submitting the form, as well as for sending relevant supporting documents that may be requested, to the relevant national/regional funding agency and subsequently to the ERA-Net SES Call Management to justify the change.
* Project consortia can be modified only due to special circumstances. The change can be accepted only for reasons that arose or became known after submission of the proposal, and only if the proposed change does not change the proposed ERA-Net SES project in any substantial way. Changes in the project consortium and the subsequent consequences must be accurately described and justified using this form.
* If a project partner is withdrawn from the consortium, you must clarify how you will reassign its tasks and budget within the consortium or to a new partner. The redistribution of tasks must be in line with the competences of the partner concerned.
* If a project partner is replaced and/or if a new partner is added to the consortium, you need to explain why it is a suitable replacement and how financing is secured.
* Extension of project duration must be approved by the national/regional funding agencies.
* Based on your request, ERA-Net SES will (1) assess why the requested change has been made, and (2) report the change to the EC (co-funded calls only). If a change in the consortium is proposed that is not accepted by the EC, or any of the involved national agencies, ERA-Net SES may refuse to accept your request.

Description of Change

|  |  |
| --- | --- |
| **ERA-Net SES Project No.** |  |
| **ERA-Net SES Project Acronym** |  |
| **ERA-Net SES Project Manager** |  |
| **Change requested** | 🞏 *Replacement of project manager*  🞏 *Replacement of project partner*  🞏 *Addition of new project partner*  🞏 *Removal of project partner*  🞏 *Project extension*  🞏 *Other* |
| **Explanation of  project changes**  *The change must be accurately described and justified.* |  |
| **Task & budget distribution**  *Explain how tasks  and budgets will be distributed.* |  |
| **Financing**  *In case of new project partners, justify the  replacement and explain how financing is secured.* |  |
| **Timeline**  *In case of changes to the project duration, describe the adjusted project timeline.* |  |

Effects

|  |  |  |
| --- | --- | --- |
|  | *yes* | *no* |
|  |  |  |
| Do the changes affect the **concept** of the project? | 🞏 | 🞏 |
| Do the changes affect the **aims/objectives** of the project? | 🞏 | 🞏 |
| Do the changes affect the **share of work** between partners? | 🞏 | 🞏 |
| Do the changes affect the **budget** of the project? | 🞏 | 🞏 |
|  |  |  |

*Justify the effect, if “yes” is checked in either of the above-mentioned effects*.

|  |
| --- |
|  |

Contact details of the Project OWNER

|  |  |
| --- | --- |
| Title and name  of contact person |  |
| Telephone |  |
| E-mail |  |

Signature

* By signing the present document, I attest that all partners of the consortium and all national agencies of the relevant partner countries have been made aware of the project changes proposed above. I also confirm that the financial and operational capacity to carry out the proposed work will not be affected by the suggested change.

*Name, Function Signature (Legal representative of project owner)*

Attachments

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| --- |
| 🞏 Original application form  🞏 Revised application form  🞏 Commitment and signature form of new participant  🞏 Financial report of new participant  🞏 Other |