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| **JPIAMR RESEARCH PROJECT CHANGE REQUEST FORM** | | | |
| **Project acronym:** |  | **Project start and end date:** |  |
| **JPIAMR  Call name:** | *Please indicate call name and number as appropriate* |  | |

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| **CONSORTIUM partners** | | | | |
|  | *Name* | *Institution* | *Funder’s acronym* | *Starting date* |
| **Coordinator:** |  |  |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  |  |
| **Partners:** | 3. |  |  |  |
|  | 4. |  |  |  |
|  | 5. |  |  |  |
|  | 6. |  |  |  |
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| (Extend table if necessary) |  |  |  |  |

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| **Reason for change**  No-cost extension  New requested end date:  Change of workplan  Change of coordinator in a research consortium  Change of partner in a research consortium  Change of affiliation in a research consortium |

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| ***Procedure for approval of changes of projects***   * The consortium should inform themselves of national/regional regulation and guidelines for changes of projects by contacting their national contact point/Funding Partner Organisation (FPO). * The consortium submits the request for change to post award secretariat (PAS) (email address) signed by the coordinator. Preferably, the request should be received at least two months before the date of the requested change. * The PAS updates FPOs involved in the project and the JPIAMR secretariat that a modification request has been submitted. * The PAS proposes a change of project to the FPOs involved in the project and obtains their decision. * The PAS informs the coordinator and the FPOs of the outcome, and advises the coordinator to proceed the request nationally. * The PAS informs FPOs and JPIAMR secretariat of approved changes of the projects. * The Funded Consortium updates the PCA and work plan with the approved changes. |

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| **EXPLANATION/JUSTIFICATION AND IMPACT ON THE CHANGE OF PROJECT** |
| *Please provide:*   * *brief reason for the change including the reason(s) why the change is needed. For example why the project was not / cannot be completed within the original period of performance including factors that were beyond the control of the project partners* * *brief description how the change affects the project and work plan of other consortium members* * *ethical considerations (e.g. need for extension of ethical approvals)* * *updated project timeline*   *PLEASE NOTE: This form does not replace any such similar form or process that the national funder may require in order to process this change request. All requests should follow the national funders procedures for making extension requests in full* |
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| **COORDINATOR’s SIGNATURE** | | |
| On behalf of the *[acronym]* Consortium I confirm that the requested change for the named partner above is supported by the Consortium and that the project can be completed within the extended project period according to the agreed budget, objectives and deliverables.  I confirm that if the change is granted, I shall inform the consortium members of it. I understand that the *[acronym]* Consortium Agreement has to be updated accordingly. | | |
| ***Typed name*** | ***Signature*** | ***Date*** |
| *After coordinator signature, scan and submit to the PAS via e-mail.* | | |