**M-ERA.NET Change Request Form**

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| **Project information** | |
| Project Title | Click here to enter text. |
| Project Acronym | Click here to enter text. |
| Call Year | Click here to enter text. |
| Project coordinator and funding organisation | Click here to enter text. |
| Project partners and funding organisations | Click here to enter text. |
| Contact person  (name, organisation, email) | Click here to enter text. |

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| **Requested change** | | |
|  | Project extension | |
| Initial end date | | Click here to enter text. |
| Initial project duration | | Click here to enter text. |
| Proposed end date | | Click here to enter text. |
| Proposed project duration | | Click here to enter text. |
| Explanation | | Click here to enter text. |

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|  | Other | |
| Description of requested change | | Click here to enter text. |
| Explanation | | Click here to enter text. |

By submitting this form, I confirm that all project partners are aware of the proposed project changes.

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| **Date**: | **Name and signature**: |

*The following section is to be filled by respective funding organisations and the M-ERA.NET Call Secretariat:*

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| **The proposed project changes are confirmed by** | | |
| Funding organisation  (*all funding organisations involved in the project must be listed here*) | Name  (*person confirming the changes on behalf of the funding agency*) | Date |
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| **The proposed project changes are confirmed by the M-ERA.NET Call Secretariat** | |
| Name  (*person confirming the changes on behalf of the M-ERA.NET Call Secretariat)* | Date |
|  |  |