Ref. N. ….

Date …..

**To the JOINT SECRETARIAT**

**INTERREG V-A Greece-Italy Programme**

info@greece-italy.eu

**and**

 ***To the MANAGING AUTHORITY***

***INTERREG V-A Greece-Italy Programme***

interreg@mou.gr

**Interreg V-A Greece-Italy Programme 2014-2020, Project <*project acronym*>, MIS Code <*MIS project code*> - Notification for Adjustements/Minor changes**

Dear Joint Secretariat / Managing Authority,

in accordance with the Programme provisions we hereby submit a “Notification for project adjustment/minor changes”*.* More specifically, the adjustment notification concerns the Lead Beneficiary/Project Beneficiary **<*name of the project Lead Beneficiary or Project Beneficiary>,******<Body Code and number of the Beneficiary>*** for the following reason/s:

|  |
| --- |
| **Main character of the modification** |
| 1. Administrative Information in the Application Form such as changes of contact details, addresses, legal representative change etc..
 | [ ]  |
| 1. Modification of Bank Account
 | [ ]  |
| 1. Adjustment of the Specification/justification of budget cost that does not affect the scope of the project or any information in the Application Form
 | [ ]  |
| 1. Adjustment of starting and ending dates of work packages without affecting the overall end date of the project
 | [ ]  |

|  |
| --- |
| **Description and brief justification of the adjustment** |
| 1. Short description of the adjustment:
 |
| 1. What are the reasons for the adjustment?
 |
| 1. How will the project adjustment improve the situation? (If any)
 |

***General instructions***

*Are you requested to fill in only the table corresponding to your typology of adjustment. Every request must be signed and stamped by the LB’s legal representative or authorized person and submitted to the JS only by email. It is compulsory to annex also the request received by the FB affected by the change. Additional documents could be requested by the JS.*

***(Fill the following table in and only in case of legal representative change include also the appointment act issued by the Beneficiary organization).***

|  |
| --- |
| 1. **PARTNER DETAILS FORM for Administrative changes - SECTION C OF THE AF**
 |
| *Insert number (LB or PB1, PB2 etc..) and Body code of the Lead or Project Beneficiary* |
| **Name of institution in English** |  |
| **Name of institution in original language** |  |
| **Distinctive title/Abbreviation** |  |
| **Legal status** |  |
| **Legal Representative** |  |
| **Position of the Legal Representative in the organisation** |  |
| **Contact Person for the Project** |  |
| **Project Manager** |  |
| **Financial Manager** |  |
| **Address** |  |
| **Country** |  |
| **NUTS III Code** | **N/A** |
| **Telephone** |  |
| **E-mail** |  |
| **Staff Costs Calculation Method** | **N/A** |
| **Office and Administration Calculation Method** | **N/A** |
| **Is your organization entitled to recover VAT based on national legislation for the activities implemented in the project?** |  |
| **Taxation Office** |  |
| **Taxation Number** |  |
| **Lead or Project Beneficiary Budget[[1]](#footnote-1)** |
| **Total budget** |  |
| **Union support** |  |
| **National contribution/counterpart** |  |
| **National counterpart type** |  |
| **Co-financing Source** |  |

***(Fill the following table in and include also the official act issued by the account holder)***

|  |
| --- |
| 1. **Change of the Bank Account**
 |
| *Insert number and Body code of the Lead or Project Beneficiary* |
| **Name of the Account Holder** |  |
| **Bank Name** |  |
| **Bank Address** |  |
| **Post code** |  |
| **Town city** |  |
| **Account Number** |  |
| **IBAN** |  |
| **SWIFT CODE** |  |

***(Fill the following table in and annex also the excel sheet\_”Justification of budget costs.xls”)***

|  |
| --- |
| 1. **Adjustment of the Specification/Justification of Budget Cost that does not affect the scope of the project or any information in the Application Form**
 |
| *Insert number and Body code of the Lead or Project Beneficiary* |
| *Insert the data as in the last approved version of the JoB* |
| **WP** | **Deliverable Title** | **Item** | **Brief justification of the expenditure** | **Quantity of the items (nr.)**  | **Cost per item** | **Total cost** |
| **WP 1** |  |  |  |  |  |  |
| **WP 2** |  |  |  |  |  |  |
| **WP 3** |  |  |  |  |  |  |
| **WP 4** |  |  |  |  |  |  |
| **WP 5** |  |  |  |  |  |  |
| **WP 6** |  |  |  |  |  |  |
| *Proposed change* |
| **WP** | **Deliverable Title** | **Item** | **Brief justification of the expenditure** | **Quantity of the items (nr.)**  | **Cost per item** | **Total cost** |
| **WP 1** |  |  |  |  |  |  |
| **WP 2** |  |  |  |  |  |  |
| **WP 3** |  |  |  |  |  |  |
| **WP 4** |  |  |  |  |  |  |
| **WP 5** |  |  |  |  |  |  |
| **WP 6** |  |  |  |  |  |  |

|  |
| --- |
| 1. **Adjustment of starting and ending dates of work packages without affecting the overall end date of the project**
 |
| *Insert number and Body code of the Lead or Project Beneficiary* |
| **WP/ Deliverable Code** | **WP/ DeliverableTitle** | **Start** | **End** |
|  |  | **Approved Start Date** | **Proposed Start Date** | **Approved End Date** | **Proposed End Date** |
| **WP 1**  |  |  |  |  |  |
| **WP 2** |  |  |  |  |  |
| **WP 3**  |  |  |  |  |  |
| **WP 4** |  |  |  |  |  |
| **WP 5** |  |  |  |  |  |
| **WP 6** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

Name of signatory

*(legal or authorised representative)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place, date Signature*

1. Please make reference to the last version of the budget (as it was approved after the optimization phase) [↑](#footnote-ref-1)