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| Date: ......................Protocol No.: .....................Session: .......................... |  | To: The Research and Management Committee  of the Special Account for Research Funds |

**AMENDMENT / CANCELLATION / WAIVER**

**for contracts and scholarships**

Project Reference Number: ....................

Principal Investigator: ......................................................

Beneficiary of payment or scholarship: ..............................................................

Contract or scholarship number ...................... , that has been approved in the Session ..........................

The request concerns:  contract  scholarship *(please select)*

For the aforementioned contract or scholarship and with the beneficiary/scholar consent, kindly approve *(please select one of the following):*

 the amendment to the following terms

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| --- | --- | --- |
| DURATION | From (beginning) ...............-(ending) ............... | To (beginning) ...............-(ending) ............... |
| AMOUNT | From ....................€ | To ....................€ |
| *(if the amount is increased, the approved annual budget must be sufficient)* |
| SCOPE | ....................... |
| *(NOT to be completed if the scope of the contract remains the same)* |
| DELIVERABLES | ....................... |
| *(only the new deliverables shall be completed)* |

All other terms remain in full force.

Reason for amendment:........................................................................................................................

 the cancellation and release of the beneficiary/scholar from his/her obligations, with the simultaneous waiver by the beneficiary/scholar of his/her rights and obligations under the above contract/scholarship.

 the waiver of the by the beneficiary/scholar of part of the amount of the payment/scholarship

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| --- | --- | --- |
| Initial amount: .................€ | Amount paid: .................€ | Amount of waiver: .................€ |
| Deliverables implemented: | ....................... |
| *(completed only in cases of contracts with deliverables)* |

Reason for waiver: ........................................................................................................................

|  |  |
| --- | --- |
| The Principal Investigator | The Beneficiary |
| *(Signature)* | *(Signature)* |

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| **AUDIT OF THE DEPARTMENT FOR PROJECT MONITORING AND SUPPORT** |
| 1. Is the requested amendment in accordance with the Technical File and/or the Programme Implementation Guide and/or the Guide of the Special Account for Research Funds? | Yes  NO  |
| 3. Comments deemed appropriate: |  |
| Full Name: |  |
| Signature: |  |
| **AUDIT OF THE DEPARTMENT FOR HUMAN RESOURCES, PROCUREMENT AND TRANSACTIONS** |
| 1. Adjustment of approval of the competent institution? | YES  NO  Not required  |
| 2. With the requested amendment the contract remains within the applicable limit for amounts? | YES  NO  |
| 3. Comments deemed appropriate: |  |
| Full Name: |  |
| Signature: |  |