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**Change Request Form**

**Version 1**

**28th October 2019**



**Gozo Action Group Foundation (GAGF)**

23, Triq G.P.F. Agius De Soldanis,

Victoria – Gozo, (Malta)

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**Scope**

Beneficiaries of measures under the Rural Development Programme are requested to use this form to submit a request for changes to their Grant Agreement. In line with article 60 (2) of Regulation (EU) No 1305/2013, expenditure can only be considered eligible if it has been completed after an application has been submitted to the Gozo Action Group Foundation.

Change in quantities of works at line item level:

1. not exceeding 15%; and
2. implemented within the same original project purpose\* as approved by the Gozo Action Group Foundation; and
3. not resulting in an increase in the expenditure beyond the eligible amounts contained in the Grant Agreement;

shall not require a change request submission.

All other changes require the submission of a change request.  No change request may be approved if the request is received after the change has been completed.

*\*Project Purpose refers to the rationale for undertaking the project.*

**Instructions**

Beneficiaries should ensure that they fill in the latest version of the Change Request Form available for download from our website. The Gozo Action Group Foundation will only accept the latest version available at the time of submission.

**Please fill in this document in electronic format, before printing it.**  A scanned copy of the completed form, signed by the authorised signatory, along with any supporting documentation should be sent via email on: info@leadergozo.eu. In cases where a scanned copy cannot be sent via e-mail, the beneficiary is invited to either submit the documentation by post at: Gozo Action Group Foundation, 23, Triq G.P.F. Agius De Soldanis, Victoria - Gozo, VCT 1032 or hand in the documentation at the same address.

For further information regarding the LEADER Programme 2014-2020, visit the website of the Gozo Action Group Foundation at [www.leadergozo.eu](http://www.leadergozo.eu).

**Section 1: Change Request Form**

## Q1 Project Title

*Please provide the title as submitted in the original Application Form*



## Q2 Grant Agreement number



Q3 Is this your first change request? If ***no,*** please indicate the date(s) of your previous change requests.



## Q4 Please provide the ***reason(s)*** for this requested change

## Q5 Please briefly describe the requested change

## Q6 Has the Beneficiary considered any other alternatives to address the factors leading to this change request?

Yes  No

## *If yes, please describe briefly*

## Q7 What are the risks, if any, associated with the requested change?

## *Please describe also how these risks will be mitigated*

## 

## Q8 Please give an estimate of the resources and costs needed to implement the requested change (if applicable, refer to the Measure’s guidelines)

## *If the values of the line items of the project costs will change, Annex 1 has to be completed and returned with this change request form.*

## Q9 Please describe how the changes would impact the project’s outcome

## *(Example - change in number of farmers impacted by investment, change in hectares of the land, change in production method, etc)*

## Q10 Period of time required to implement the requested change

*Please fill in the Indicative Implementation Schedule (Annex 2) and the Indicative Disbursement Schedule (Annex 3)*

*Annex 2 and Annex 3 have to be filled and returned with this change request form.*

## Q11 In case of infrastructural investments as well as rubble walls and planting of trees, a site plan[[1]](#footnote-1) clearly indicating the exact location/point of the intervention is to be submitted.

## Q12 Readiness

*Does this modification require any additional permits from competent authorities?[[2]](#footnote-2)*

Yes  No

*If yes, what steps have been taken thus far by the beneficiary?*

# Section 2: Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| The applicant undertakes to inform the Gozo Action Group Foundation of all changes affecting the activities as described in this form.  The applicant allows the Gozo Action Group Foundation to make available and use all data provided through this form for the purposes of managing and evaluating the Rural Development Fund. All personal data collected for the purpose of this project shall be processed in accordance with Regulation (EU) No. 2016/679.  Data subjects may, on written request, gain access to their personal data. They should address any questions regarding the processing of their personal data to the Gozo Action Group Foundation. Data subjects may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at any time. | | | |
| **Authorised signatory of the applicant organisation:** | | | |
| Name and surname of Project Leader[[3]](#footnote-3)  *IN BLOCK LETTERS* |  | Signature:(+ stamp of the applicant if available) |  |
| Designation |  |
| CEO / Head of Applicant Organisation  Legal Representative of the Organisation  *IN BLOCK LETTERS* |  | Signature:(+ stamp of the applicant if available) |  |
| Designation |  |
| Name and surname of Permanent Secretary[[4]](#footnote-4)  *IN BLOCK LETTERS* |  | Signature:(+ stamp of the applicant if available) |  |
| Designation |  |

|  |  |
| --- | --- |
| Name of Entity or Organisation (where applicable) |  |
| Beneficiary e-mail address |  |
| Date of Change Request |  |

# Section 3: For office use only

## **Decision**

Approved

Rejected

Additional information needed

Notes related to decision where applicable

|  |  |
| --- | --- |
| Name (for Gozo Action Group Foundation) |  |
| Signature |  |
| Date |  |

|  |
| --- |
| Reference number |
|  |

# Annex 1 – Project Costs

In the table below, please provide an exhaustive list of the investment components of the proposed project to be co-financed by this Measure along with the VAT value as indicated. All costs to be provided in Euros. **Here one needs to insert details of components, which have either:**

* **Been removed from original application, OR**
* **Newly introduced, OR**
* **The value or quantity has changed.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Component and description | Name of supplier of quotation/tender**[[5]](#footnote-5)** *(if applicable)* | Reference number of quotation/tender *(if applicable)* | Quantity/ Units | Value excluding VAT (€)  (Column A) | VAT Amount (€)  (Column B) | Final Cost Including VAT (€)  (Column A + B) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

# Annex 2 – Indicative Implementation Schedule

Please complete the below indicative implementation timetable (per quarter) by providing the envisaged schedule for each investment component. The two stages of implementation are identified hereunder.

**I** = Implementation[[6]](#footnote-6) **C** = Closure[[7]](#footnote-7)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Nth Year\*** | | | | **N+1** | | | |
| (please specify the Nth year) | 20… | | | | 20… | | | |
| **Quarters** | **1st** | **2nd** | **3rd** | **4th** | **1st** | **2nd** | **3rd** | **4th** |
| **(investment component description)**  (please specify) |  |  |  |  |  |  |  |  |
| **(investment component description)**  **)**  (please specify) |  |  |  |  |  |  |  |  |
| **(investment component description)**  (please specify) |  |  |  |  |  |  |  |  |
| **(investment component description)**  (please specify) |  |  |  |  |  |  |  |  |

*If necessary, additional rows may be added.*

\* **N** represents the starting year of the project.

**It is important to note that beneficiaries may only claim reimbursement for eligible expenses incurred as from the date of signing of the contract (grant agreement) with the Gozo Action Group Foundation.**

**The GAGF reserves the right to cancel the agreement (and/or apply penalties) if the project is not implemented according to schedule. The GAGF will not be responsible for any losses sustained by the beneficiary.**

**Annex 3 – Indicative Disbursement Schedule**

Please complete the table below to indicate the disbursement schedule (per quarter) by providing the envisaged schedule of disbursement for each component of the proposed project.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insert the investment component description** | **Year** | **Nth Year\*** | | | | **N+1** | | | |
|  | (please specify the Nth year) | 20… | | | | 20… | | | |
|  | **Quarters** | **1st** | **2nd** | **3rd** | **4th** | **1st** | **2nd** | **3rd** | **4th** |
| *(Eligible costs excl VAT) (€)* | Disbursement | € | € | € | € | € | € | € | € |
| *(Eligible costs excl VAT) (€)* | Disbursement | € | € | € | € | € | € | € | € |
| *(Eligible costs excl VAT) (€)* | Disbursement | € | € | € | € | € | € | € | € |
|  |  |  |  |  |  |  |  |  |  |

*If necessary, additional rows may be added.*

\* **N** represents the starting year of the project.

**The GAGF reserves the right to cancel the agreement (and/or apply penalties) if the project is not implemented according to disbursement schedule. The GAGF will not be responsible for any losses sustained by the beneficiary.**

1. The most recent orthophoto from the Planning Authority (PA) or similar imagery should be used. Interventions are to be clearly indicated with an adequate legend. [↑](#footnote-ref-1)
2. Where necessary new quotation shall be provided to ARPA. ARPA may be contacted on 22926148 or at [arpa.msdec@gov.mt](mailto:arpa.msdec@gov.mt). Beneficiarires to follow ARPA guidelines. [↑](#footnote-ref-2)
3. The **Project Leader** is the person responsible for the implementation of the project and has the authority to take decisions during the course of implementation. The Project Leader must be from the applicant organisation, who may be recruited for the duration of the project including its closure and cannot be an appointed external body. This is required since the Project Leader carries the overall financial and legal responsibility for the implementation of the project and hence, his/her direct association with the Beneficiary organisation is fundamental, especially with a view to ensure that the grant will be used exclusively for the purpose stipulated in the project proposal. There shall be only **ONE** Project Leader responsible for the whole project, even if the project is composed of different components. In such cases, informal arrangements should be made to co-ordinate the different components. [↑](#footnote-ref-3)
4. In case of public sector organisations, including Local Councils, as from 04th January 2019, the signature of the respective Permanent Secretary is required on the form.. [↑](#footnote-ref-4)
5. Only one quotation is required for the scope of this change request. Beneficiary is to follow ARPA guidelines prior to procurement. [↑](#footnote-ref-5)
6. **Implementation** **(I)** The start of the implementation of the activities**.** [↑](#footnote-ref-6)
7. **Closure** **(C)** The period when the investment is finalised. [↑](#footnote-ref-7)