**Date**: <dd/mm/yyyy>

**Small Project Fund Beneficiary**

**Croatian Agency for SMEs, Innovation and Investments**

Ksaver 208

10000 Zagreb

**Project modification request**

**Name of modification**: *<e.g. Budget modification>*

1. **PROJECT DATA**

|  |  |
| --- | --- |
| **CALL FOR PROPOSALS:** |  |
| **FULL NAME OF THE PROJECT:** |  |
| **PROJECT ACRONYM:** |  |
| **PROJECT NUMBER:** |  |
| **DURATION OF THE PROJECT (DATE):** |  |
| **NAME OF FINAL RECIPIENT:** |  |
| **COUNTRY:** |  |
| **LEGAL REPRESENTATIVE:** |  |

1. **Modification**

|  |  |
| --- | --- |
| **Type of modification:***Name the type of modification: Minor or Mayor modification* |  |
| **Justification:** *Description and justification of the change* |  |
| **Changes in the budget (if applicable):***Description and amount of the budget lines being changed in accordance with the above justification* |  |

1. **ATTACHMENTS TO THE REQUEST**

*Please list the attachments you are submitting with the request*

< *e.g., Revised budget, confirmation of the new bank account, and/or similar*.>

Sincerely,

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

*<Name, surname, and position*

*of the responsible person of the Final Recipient>*

*Instructions for completing this form:*

* *Replace the text in brackets < > with the actual information*
* *It is necessary to fill in all fields in the table*