|  |
| --- |
| **Extension with budget deviation** |

**1A. Project number:**

**1B. Full project title:**

**2. Contact details of main applicant (‘project coordinator’)**

- Name of contact person, title(s):

- Name of organisation:

- Telephone:

- E-mail:

**3. Start date (dd-mm-yyyy):**

**4A. Current end date (dd-mm-yyyy):**

*If you already received approval for extension please indicate, and mention the approved end date.*

**4B. Requested extension in months (months):**

**4C. Requested new end date (dd-mm-yyyy):**

**4D. Total duration of the project (months):**

**5A. Rationale extension**

*Please indicate if and why the delay in the project is COVID-19 related*

**5B. Rationale extension**

*Please describe:*

1. *Which milestones and deliverables, as indicated in the approved project application, cannot be reached without extra extension*
2. *The change in end goal of the project compared to the expected end goal in the approved application, if extension cannot be granted*
3. *The changes in the impact of the approved project application (if applicable scientific, societal and/or economic)*

**6. Budget**

*Please specify the project’s total renewed budget in the* [*TKI-LSH budget form*](https://www.health-holland.com/calls/project-recovery)*. Please use the table below to indicate the extra contribution per consortium partner and their total contribution. Use a separate line per consortium partner for their contribution. Do not forget to add the numbers in the ‘total’ column and rows.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contribution** | **cash** | **Extra budget** | **Total extra budget** |
| Fundamental Research | Industrial Research | Experimental Development |  |
| **Research organisation** | In cash |   |  |  |   |
| In kind |  |  |  |  |
| **Company** | In cash |   |  |  |   |
| In kind |  |  |  |  |
| **Other partners** | In cash |   |  |  |   |
| In kind |  |  |  |  |
| **PPP Allowance** | In cash  |   |  |  |   |
| **Total funding (incl. PPP Allowance)** | In cash |   |  |  |   |
| In kind |  |  |  |  |
| Total |  |  |  |  |
| **Total project costs** | **Total** |   |  |  |   |

**7. Deployment of extra requested PPP Allowance**

*Please indicate for each consortium partner 1) the total costs (incl. in kind contribution); 2) the amount of PPP Allowance that will be used; and 3) the activities that will be financed through the extra requested PPP Allowance.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner** | **Total Costs** | **Total PPP Allowance** | **Extra requested PPP Allowance** | **Activities** |
| **Consortium Partner 1** |  |  |  |  |
| **Consortium Partner 2** |  |  |  |  |
| **Consortium Partner 3** |  |  |  |  |
| **Etc.** |  |  |  |  |

**8. Budget specification**

*Please provide a justification/specification of the change in budget and include which extra budget is needed, for which activities, why is this essential for the project and how it will be financed. If your research project contains multiple types of research (fundamental, industrial or experimental development), please indicate the type of research for the activities that require extra budget.*

**9. Have the consortium parners requested/received any additional (extra) grants for this project? Yes/no**

*If yes, please specify grant supplier(s), grant name(s), total amount requested/received per grant (in €) and status (applied/granted) in the TKI-LSH budget form.*

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| **Statement by project coordinator** |

Main applicants must submit this TKI-LSH Project Recovery application form by e-mail to

stavenuiter@health-holland.com in case PPP Allowance for your project is received directly from Health ~Holland. For any questions regarding submission, please send an e-mail to stavenuiter@health-holland.com or call +31 (0)6 39 00 09 02. For Project Coordinators receiving PPP Allowance via their own institution or health foundation, please contact and report to them.

When submitting your application, please do not forget to upload the required budget form file (Excel).

Please tick the boxes where applicable:

[ ]  By submitting this form, I declare that I have completed this form truthfully and I declare that I have informed the correct official(s) of my employing organisation and the consortium partner(s) of this submission.

Name:

Place:

Date:

Please note: Information provided in relation to this application will be treated confidentially by Health~Holland. Health~Holland has to inform the Netherlands Enterprise Agency (RVO.nl) on the participants of the project and the in cash and in kind contribution of private partners, in order to claim the requested PPP Allowance. RVO.nl will also treat this information confidentially.