**MoH PROJECT CHANGE REQUEST FORM***(for any projects awarded with special-purpose support by the Ministry of Health in Public Tenders
in Research, Experimental Development and Innovation under the Programme for Support of Applied Health Research for 2020-2026 and 2024-2030)*

1. **Basic project information**

Project registration number: .............................................. AZV Panel: ...................................................

Project name: .................................................................................................................................

Beneficiary: ........................................................................................................................................

Investigator: ......................................................... Investigator‘s signature: .........................................................

Name and surname, signature, and stamp of the beneficiary’s statutory body: .....................................................................

Other Participant (Co-beneficiary)[[1]](#footnote-1) : ............................................................................................................

Co-investigator: ................................................... Co-investigator's signature: ...................................................

Name and surname, signature, and stamp of the Other Participant’s statutory body: ............................................................

Contact person(s) in case of any uncertainties (include contact details – telephone number, e-mail):

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1. **Specification of the required change**
2. Change type (tick):

[ ]  Change in the eligible costs or change in the amount of support granted.

[ ]  Change in the project’s Beneficiary (PT 2025), Other Participant, Investigator, or Co-investigator[[2]](#footnote-2).

[ ]  A different change, that is not the impermissible change in the objective, the subject matter of the project, or Beneficiary.

1. A detailed description of the reason and justification for the requested change:
2. Attachments (check applicable): [ ]  Yes, number of sheets ............... [ ]  No
3. Date on which the need for change in the project was identified: .....................[[3]](#footnote-3)

1. **Assessment of the application by the AZV**

1. Rapporteur: [ ]  Agrees [ ]  Disagrees Date: ................... Signature: ........................

2. Panel Chair: [ ]  Agrees [ ]  Disagrees Date: ................... Signature: ........................

(or Vice-Chair of the Panel or other designated member)

3. AZV Scientific Council Chair: [ ]  Agrees [ ]  Disagrees Date: ................... Signature: ........................

(or the Vice-Chair of the Scientific Council, or a different authorized member)

Please comment if you **disagree with** the change to the project (or other comments on the application under consideration may be provided)[[4]](#footnote-4):

1. Fill in only if the change concerns an Other Participant (in case of multiple Participants, list all Participants – copy the fields if applicable). When changing an Other Participant, the signature and stamp of both the original and the new Participant are required as a declaration of consent (or can be replaced by the attached letter). When changing a Co-Investigator, the signature of the original and the new Co-investigator is required as an expression of consent to the change (or can be replaced by an attached letter, email...). [↑](#footnote-ref-1)
2. In the event of a change of an Other Participant, their eligibility must be demonstrated (if not demonstrated under another project in the tender) as per applicable Tender Documentation to the extent of "demonstration of eligibility prior to the conclusion of the contract or issuance of a decision". The “professional” competence shall always be demonstrated for new Participants if the nature of the project requires it.

The professional qualifications of the new Investigator or Co-investigator must be documented by their CV, a full bibliographic listing of the most significant results, and the total number of results over the last 5 years…, as in the case of project submission (according to the currently valid Methodology for the Evaluation of Research and Development Results). In case of a change of the Investigator, the signature of both the original and the new Investigators is required – it serves as an expression of consent to the change (or it can be replaced by an attached letter, email...). [↑](#footnote-ref-2)
3. Indicate the date on which the change was detected in the project. The Beneficiary is obliged to inform the Provider in writing of any changes that have occurred during the course of the project which could have any effect on the project or which affect in any way its legality or the data required to prove its eligibility, no later than 7 calendar days from the date on which they became aware of such a fact (this can be by letter sent by mail before the actual submission of this application). [↑](#footnote-ref-3)
4. To be filled in by a member of the relevant professional body of the AZV ČR. [↑](#footnote-ref-4)