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| **Budget neutral extension** |

**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):**

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

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

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

**5A. Rationale delay**

*Please describe:*

1. *The reason for the delay of the project;*
2. *Which actions have been taken to avoid project delay and minimize further project delay.*

**5B. Rationale extension**

*Please describe:*

1. *Which milestones and deliverables, as indicated in the approved project application, cannot be reached without project extension;*
2. *The change in endgoal compared to the endgoal as described in de approved application, if project extension cannot be granted;*
3. *Changes in the impact (if applicable scientific, societal and/or economic impact) in comparison with the approved project application, if project extension cannot be granted.*

**5C. Additional remarks**

*If applicable, please describe additional remarks e.g. significant budget neutral changes*

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| **Statement by project coordinator** |

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

[tki@health-holland.com](mailto:tki@health-holland.com) in case PPP Allowance / PPP Subsidy for your project is received directly from Health ~Holland. For any questions regarding submission, please send an e-mail to [tki@health-holland.com](mailto:tki@health-holland.com). For Project Coordinators receiving PPP Allowance / PPP Subsidy via their own institution or health foundation, please contact and report to them.

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 / PPP Subsidy. RVO.nl will also treat this information confidentially.