*[Please fill out in English]*

**Project modifications**

**Polish Returns 2020 edition COVID-19 (Polskie Powroty 2020 edycja COVID-19)**

|  |  |
| --- | --- |
| **Project contract number**  |  |
| **Beneficiary name**  |  |
| **Full name of the Returning Scientist**  |  |

1. **Description of modifications in activities planned in the application (fill in if applicable)**

|  |  |
| --- | --- |
| Number and name of the field in the application for which the modification applies: |  |
| Text before the modification: | Text after the modification:  |
|  |  |
| Justification: |
|  |

Please copy this table as many times as there are changes in the application.

1. **Project schedule (fill in if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Planned activities | Start date: | End date: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Description of the modification: |
|  |
| Justification: |
|  |

1. **Budget - requested funding (fill in if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Category of cost: | Method of cost calculation: | Unit rate: | Total cost for the category [PLN]: |
| Returning Scientist’s salary  |  |  |  |
| Project Group member no. 1 salary |  |  |  |
| Project Group member no. 2 salary |  |  |  |
| Resettlement costs |  |  |  |
| Adaptation and preparation of the workplace – total |  |  |  |
| Total [PLN]: |  |

|  |
| --- |
| Description of the modification: |
|  |
| Justification: |
|  |

1. **Payment schedule (fill in if applicable)**

|  |  |
| --- | --- |
| Year | Amount |
| 2020 |  |
| 2021 |  |
| 2022 |  |
| 2023 |  |
| 2024 |  |
| 2025 |  |
| Total [PLN]: |  |

|  |
| --- |
| Description of the modification: |
|  |
| Justification: |
|  |

………………………… ……………………………………………………………………………………………………..

Date Full name and signature of the legal representative of the Beneficiary