



Natural and Cultural Heritage Fund

Change Request Form

September 2020

Introduction

This form is to be used by grantees in receipt of a Natural and Cultural Heritage Fund grant to request material changes to your project after you have been awarded a grant and in the case that you need to change what has been approved in your original application and agreed in your Delivery Contract.

We understand that change is inevitable and the process relating to change is described in the ***Change guidance and process overview for applicants****.*

Please note that you must use this form to inform us of any changes and get our approval before implementing the change.

In addition, please also refer to the Monitoring and Evaluation Guidance in the share folder.

**Disclaimer**

Scottish Natural Heritage (SNH) has changed its name to NatureScot as of the 24th August 2020.  At the time of publishing, this document may still refer to Scottish Natural Heritage (SNH) and include the original branding. It may also contain broken links to the old domain.
If you have any issues accessing this document please contact nchf@nature.scot.

Version Control

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Issue | Status | Author | Authorised by |
| 25/09/19 | V1 | Draft | LL | EM 26/09/2019 |
| 15/09/202 | V2 | Final  | LC | EM  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Change Request Form**

Please complete this form as completely as possible.

Grantee Details

|  |  |
| --- | --- |
|  | **Grantee Details** |
| **Grantee Organisation Name** |  |
| **Project Name** |  |
| **Project Unique Reference** |  |
| **Project Manager Name** |  |
| **Project Manager Address** |  |
| **Project Manager Email Address** |  |
| **Project Manager Telephone Number** |  |

Current change requested

|  |  |  |  |
| --- | --- | --- | --- |
| **Change Request No.** | **Date Submitted** | **Submitted By** | **Change type** |
|  |  |  | Examples:TimeCostDeliverablesExternal Driver |

Previous change requests

(Please list all changes and their status. If none, please add ‘None’ to the Change No. column.)

|  |  |  |
| --- | --- | --- |
| **Change No.** | **Description of Change** | **Status / Date Approved** |
|  |  |  |
|  |  |  |
|  |  |  |

Description of requested change

|  |
| --- |
| **Description of Change** |
|  |

What is the reason for the requested change?

|  |
| --- |
| **Reason for Change** |
|  |

What alternative solutions have you considered?

|  |
| --- |
| **Evaluation of options** |
|  |

How will the change affect the delivery of your project?

|  |
| --- |
| **Changes affecting delivery** |
|  |

How will this change affect the project’s risks?

|  |
| --- |
| **Description of changes to risks** |
|  |

What resources and costs are needed to implement this change?

|  |
| --- |
| **Description of resources and costs required** |
|  |

What impact will the change have?

|  |  |
| --- | --- |
| **Summary of Impacts**  | **Yes / No** |
| Is there a change to milestones? |  |
| Will there be a change to the expenditure budget? |  |
| Will there be an increase in the overall expenditure budget? |  |
| Will there be a decrease in the overall expenditure budget? |  |
| Will there be a reduction in the expenditure timeline? |  |
| Will there be an increase in the expenditure timeline? |  |
| Will there be a change to the funding profile within the approved timeline? |  |
| Will there be any changes to the match funding package? |  |
| Will there be an increase in ERDF and match funding? |  |
| Will there be a decrease in ERDF and match funding? |  |
| Will there be any other impacts? If yes, please list: |  |

Does the change affect any other aspects of your project?

|  |
| --- |
| **Description of other affected aspects** |
|  |

**Grantee Declaration**

|  |  |
| --- | --- |
| **Please confirm that the changes will not stop your project from achieving the agreed outcomes.** | **Yes / No** |
| **Please confirm if the information you have supplied on this form including the supporting documentation is regarded as commercial in confidence.** | **Yes / No** |

|  |  |
| --- | --- |
| **Please confirm that you have read and understood the ERDF National Rules and Natural and Cultural Fund Guidance before submitting this Change Request.** | **Yes / No** |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature |  |
| Date |  |

|  |
| --- |
| FOR NATURESCOT USE ONLY |
| Date Received: |
| APPROVE | REJECT | DEFER |
| Change Request Decision Form ERDMS Reference: |



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