Annex 3

**Project change request (PCR) No.**

Project number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Q | S | F |  |  |  |  |  |  |  |

Project title:

The QSF Coordinator submits the following PCR:

|  |
| --- |
| *1 Current project plans and objectives* *(as approved by the QSF Board)* |
|  |

|  |
| --- |
| *2 Change requested to the project plans and objectives (indicate each change separately)* |
|  |

|  |
| --- |
| *3 Reason(s) for change* |
|  |

Project number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Q | S | F |  |  |  |  |  |  |  |

Project title:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
|  |  |  |
| The requested change affects: |  |  |
| a the approved QSF budget | ❑ | ❑ |
| ❑ extra demand of USD(i.e. a total QSF budget of USD instead of USD)❑ reduction by USD(i.e. a total QSF budget of USD instead of USD) |  |  |
| b the approved time schedule | ❑ | ❑ |
| ❑ project duration extended by months(i.e. a total duration of months instead of months) |  |  |
| c the approved project team | ❑ | ❑ |
| ❑ changes to core project team members |  |  |
| d the approved payment conditions | ❑ | ❑ |
| ❑ acquisition via the UNDP❑ direct payment to the supplier(s)❑ changes in disbursement of funds  |  |  |
| e others (*may include changes in location of the project, objectives and KPIs of the project and other substantial changes to the project plan)*  | ❑ | ❑ |
| ❑ ❑ ❑  |  |  |

Place:

Date:

Name of the QSF Coordinator:

Signature of the QSF Coordinator: