Grant – Final report

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| --- |
| 1. **Contact information**
 |
|       |  |       |
| Recipient |  | Organisation registration number or date of birth |
|       |
| Contact person |
|       |
| Postal address |
|       |  |       |
| Telephone number including country and area codes |  | Fax number including country and area codes |
|       |
| E-mail address |
|  |  |  |
| 1. **Grant to which the report refers**
 |
|       |
| Name of the grant-funded activity |
|       |
| The Government Offices’ reference number (specified in the grant decision) |
|       |  |       |  |       |
| Total grant according to the decision (state currency) |  | Amount of grant paid by the Government or the Government Offices  |  | State currency |
|       |  |  |
| Period covered by the report |  |  |
|  |
| 1. **Use of grant**
 |
|       |
| Give an account of how the grant as a whole was used and the activities that were carried out. Which overall goals and results were achieved and how do you intend to use the results in the future? |
| In your opinion, did the activities in question achieve their purpose?[ ]  Yes [ ]  No |
|       |
| If the purpose was not achieved, what are the reasons for this? |
|       |
| Give an account of how the activity was gender mainstreamed. |
| Did you reach the planned target group?[ ]  Yes [ ]  No |
|       |
| If you answered no to the previous question, why was the planned target group not reached? |
|       |
| How did the target group respond to the activities? |
| Are there plans to continue the activities or spread the experiences gained?[ ]  Yes [ ]  No |
|       |
| Please specify anything else the donor should be informed of or provide a brief description of any plans for continued activities. |
| 1. **Report**
 |
| All amounts must be given in the same currency.**Revenue** | Please state currency       |
| Grant received from the Government or the Government Offices |       |
| Grants received from other government agencies for implementation of the activities |
|  | Government agency | Amount received |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| **Total:** |       |
|  |
| Grants for implementation of the activity have also been received from the following donors |
|  | Donor | Amount received |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| **Total:** |       |
| Other revenue |
|  | Details of the funding | Amount received |
| - |       |       |
| - |       |       |
| - |       |       |
| - |       |       |
| **Total:** |       |
|  |
| Own contribution |       |
|  |  |  |
| *Total revenue and own contribution* |       |
|  |

|  |
| --- |
| **Costs**Salaries and social insurance contributions |
|  | Function (e.g. project manager) | Budget | Outcome | Deviation |
| - |       |       |       |       |
| - |       |       |       |       |
| - |       |       |       |       |
| - |       |       |       |       |
| **Total:** |       |       |       |
|  |
| Office, travel and audit costs |
| Office, travel and audit costs | Budget | Outcome | Deviation |
| Office costs |       |       |       |
| Travel costs |       |       |       |
| Audit costs |       |       |       |
| **Total:** |       |       |       |
| Other costs |
|  | Other costs | Budget | Outcome | Deviation |
| - |       |       |       |       |
| - |       |       |       |       |
| - |       |       |       |       |
| - |       |       |       |       |
| **Total:** |       |       |       |
|  |
|  |
| *Total costs* |       |       |       |
|  |  |  |  |
| 1. **Use of funds**
 |
| Did the use of funds remain within the scope of the approved budget? | Did the use of funds remain within the scope of the approved time frame? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|       |
| If no, specify what changed and the reasons for this. |
| Are funds on hand that have not been used and are to be repaid? If so, state amount and currency. |
| [ ]  Yes  |       | [ ]  No |
|  |
| 1. **Information about the auditor who examined the financial statement**
 |
|       |
| Name |
|       |
| Postal address |
|       |  |       |
| Telephone number including area code |  | E-mail address |

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| 1. **Other matters**
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| **Documents to be attached:*** The auditor's certificate following an examination of the financial statement of associations, foundations, private companies or similar. The certificate must be in the original.
* Records or other documents that certify authorised representatives may be requested. If the document is not an original, it must be certified as a true copy.

For other information, see the C*onditions for grants*. |
|  |  |  |
| 1. **Signature of authorised representative**
 |
| *The recipient solemnly declares that the information provided is correct.* |
|       |  |  |
| Date |  | Signature |
|  |  |       |
|  |  | Name in block letters |