Grant – Interim reporting of the

activity

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| 1. **Contact information** | | | | |
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| 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 | | | | |
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| 1. **Grant to which the report refers** | | | | |
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| Name of the grant-funded activity | | | | |
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| The Government Offices’ reference number (specified in the grant decision) | | | | |
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| Total grant according to the decision, state currency | | |  | Amount of grant paid to date by the Government or the Government Offices, state currency |
|  | | |  |  |
| The period covered by the activity report | | |  |  |
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| 1. **Activity report** | | | | |
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| Which activities have been carried out to date with support of the grant? | | | | |
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| Have the activities been carried out as planned? | | | | |
| Yes  No | | | | |
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| If you answered no to the previous question, specify the reasons why the activities were not implemented as planned. | | | | |
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| If the grant was only intended to fund part of a project, the report is to cover both the entire project and the specific activities funded by means of the grant. | | | | |
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| Specify the operational results or the goals achieved to date, and compare how these relate to the goals stated in the decision or otherwise presented. Please explain the reasons for any deviations. | | | | |
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| How will the activities be run in the future? | | | | |
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| How much of the grant was used during the past time period? | | | | |
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| How does this usage relate to the activities carried out? | | | | |
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| Give an account of how the approved funds were used during the time period covered by the report. | | | | |
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| Make a forecast of fund expenditure during the coming grant period and describe how the funds will be used. | | | | |
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| 1. **Other matters** | | | | |
| Documents to be attached:   * Documents that certify 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*. | | | | |
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| 1. **Signature of authorised representative** | | | | |
| *The recipient solemnly declares that the information provided is correct and assures that the grant will be used in accordance with the information stated in the application.* | | | | |
|  |  |  | | |
| Date |  | Signature | | |
|  |  |  | | |
|  |  | Name in block letters | | |