



### 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

### 2. 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

### 3. 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

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If you answered no to the previous question, why was the planned target group not reached?

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How did the target group respond to the activities?

Are there plans to continue the activities or spread the experiences gained?

Yes       No

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Please specify anything else the donor should be informed of or provide a brief description of any plans for continued activities.

## 4. Report

All amounts must be given in the same currency.      Please state currency

### Revenue

Grant received from the Government or the Government Offices	
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Grants received from other government agencies for implementation of the activities

	Government agency	Amount received
-		
-		
-		
-		
<b>Total:</b>		

Grants for implementation of the activity have also been received from the following donors

	Donor	Amount received
-		
-		
-		
-		
<b>Total:</b>		

Other revenue

	Details of the funding	Amount received
-		
-		
-		
-		
<b>Total:</b>		

Own contribution	
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<i>Total revenue and own contribution</i>	
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**Costs**

Salaries and social insurance contributions

	Function (e.g. project manager)	Budget	Outcome	Deviation
-				
-				
-				
-				
<b>Total:</b>				

Office, travel and audit costs

	Office, travel and audit costs	Budget	Outcome	Deviation
	Office costs			
	Travel costs			
	Audit costs			
<b>Total:</b>				

Other costs

	Other costs	Budget	Outcome	Deviation
-				
-				
-				
-				
<b>Total:</b>				

<i>Total costs</i>			
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**5. Use of funds**

Did the use of funds remain within the scope of the approved budget?

Yes  No

Did the use of funds remain within the scope of the approved time frame?

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

**6. Information about the auditor who examined the financial statement**

Name

Postal address

Telephone number including area code

E-mail address

## 7. Other matters

### 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 *Conditions for grants*.

## 8. Signature of authorised representative

*The recipient solemnly declares that the information provided is correct.*

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Date

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Signature

Name in block letters