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** | | | | |
| **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 | | |