Grant – Financial interim reporting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 to date by the Government or the Government Offices, state currency | |
|  | |  |  | |
| The period covered by the financial report | | | | |
|  | | | | |
| 1. **Report** | | | | |
| **Currency**       **All amounts must be given in same currency.**  **Revenue** | | | | |
| 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 activities 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** | | | | | | |
| Has the use of the funds remained within the scope of the approved budget? | | | | | Has the use of the funds remained within the scope of the approved time frame? | |
| Yes  No | | | | | Yes  No | |
|  | | | | | | |
| If no, specify what has changed and the reasons for this. | | | | | | |
| Are funds on hand that have not been used and that 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 | | | |
| 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. * 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 | |