

## Grant - Financial interim reporting

1. Contact information		
Recipient	Organisation registra	tion number or date of birth
Contact person		
Postal address		
Telephone number including country and area codes	Fax number including	g country and area codes
E-mail address		
2. Grant to which the report refers		
Name of the grant-funded activity		
Hamo of the grant landed deavity		
The Government Offices' reference number (specified in the grant decision	n)	
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		
3. 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 th	e activities	
Government agency		Amount received
		Amount received
-		
-		
-		
Total:		

G	Grants for implementation of the activities have also been received from the following donors							
	Donor	Amount received						
-								
-								
-								
-								
To	otal:							
0	her revenue							
	Details of the funding		Amount received					
-								
-								
-								
-								
To	otal:							
0	wn contribution							
To	otal revenue and own contribution							
	Costs Salaries and social insurance contributions							
	Function (e.g. project manager)	Budget	Outcome	Deviation				
-								
-								
-								
_								
To	otal:							
	ffice, travel and audit costs	D	0.1	5				
	fice, travel and audit costs  fice costs	Budget	Outcome	Deviation				
-								
	avel costs							
-	udit costs							
	лаі.							
<u> </u>	ther costs							
	Other costs	Budget	Outcome	Deviation				
-		<u> </u>						
-								
-								
-								
To	otal:							
		<u> </u>						

Total costs

4. Use of funds							
Has the use budget?	of the funds remained within the s	scope of the approved	Has the use time frame?	of the funds remained within the scope of the approved			
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					
5. Inforn	nation about the auditor	who examined the t	financial st	atement			
Nama							
Name							
Postal addre	ee						
i ostai addic							
Telephone n	umber including area code	E-mail address					
	g						
6. Other	matters						
<ul> <li>Documents to be attached:</li> <li>The auditor's certificate following an examination of the financial statement of associations, foundations, private companies or similar.</li> <li>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.</li> </ul>							
	ormation, see the C <i>onditions for g</i>	rants.					
7. Signature of authorised representative							
The recipient solemnly declares that the information provided is correct.							
Date		Signature					
		Name in block le	PITERS				