Erasmus+

KA220 Progress/Interim Report

# General Information

General information about the project

This report form consists of the following main sections:

About the project

Project Identification

Project Management and Implementation: this section asks for information about the state of play of the project Transnational Project Meetings

Project Results Multiplier Events

Learning/Teaching/Training Activities Follow-up

Budget: this section gives an overview of the amount of the EU grant related to the activities realised so far

Declaration of Honour: section with the beneficiary’s signature

# Project Identification

|  |  |
| --- | --- |
| Grant Agreement Number |  |
| Project Title |  |
| Project Acronym |  |
| Beneficiary Organisation Full Legal Name |  |
| Reporting Period |  |
| Name and Position of the Legal representative |  |
| Report Type (Progress / Interim – select one) |  |

# Project Management and Implementation

This section asks for information about the state of play of the project

Please provide an overall state of play of your project: what are the achievements of the project at this stage? Are the initial project activities and objectives being carried out and reached so far?

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How is the monitoring of the project being carried out so far and by whom?

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How did the project partners contribute to the project so far? Please outline which cooperation arrangements are in place? Has the distribution of tasks been adjusted since the application stage?

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If your project involves other organisations (e.g. external stakeholders or Associated Partners), not formally participating in the project, please briefly describe their involvement.

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If relevant, please describe any difficulties you have encountered until now in managing the implementation of the project and how you and your partners handle them.

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# Transnational Project Meetings

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| --- | --- |
| Meeting Title / Number | Transnational Project Meeting |
| Description of the meeting |  |
| Start Date |  |
| End Date |  |
| Receiving Organisation |  |
| Receiving Country |  |
| Participating Organisations |  |
| No. of Participants  |  |

|  |  |
| --- | --- |
| Meeting Title / Number | Transnational Project meeting |
| Description of the meeting |  |
| Start Date |  |
| End Date |  |
| Receiving Organisation |  |
| Receiving Country |  |
| Participating Organisations |  |
| No. of Participants  |  |

# ***Please add a table for any additional Transnational Project Meetings***

# Project results : Please outline any results that are completed to date or are in progress.

|  |  |
| --- | --- |
| **Result No. (As per the Application form)** |  |
| Result title (As per the Application form) |  |
| Description of the Result. Please outline what has been completed to date, how this has been achieved and outline any changes compared with the application. |  |
| No of days spent on the development of this project result so far  |  |

|  |  |
| --- | --- |
| **Result No. (As per the Application form)** |  |
| Result title (As per the Application form) |  |
| Description of the Result. Please outline what has been completed to date, how this has been achieved and outline any changes compared with the application. |  |
| No of days spent on the development of this project result so far  |  |

***Please add a table for any additional project result.***

# Multiplier Events Please outline any events that have taken place to date.

|  |  |
| --- | --- |
| Event No |  |
| Event Title |  |
| Description of the multiplier event |  |
| Type of Event (virtual, f2f) |  |
| Country of Venue |  |
| Date(s) (dd-mm-yyyy) |  |
| Leading (hosting) Organisation |  |
| Total no. of participants |  |

|  |  |
| --- | --- |
| Event No |  |
| Event Title |  |
| Description of the multiplier event |  |
| Type of Event (virtual, f2f) |  |
| Country of Venue |  |
| Date(s) (dd-mm-yyyy) |  |
| Leading (hosting) Organisation |  |
| Total no. of participants |  |

***Please add a table for any additional multiplier event.***

# Learning/Teaching/Training Activities Please outline any activities that have taken place to date.

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| --- | --- |
| Activity No. (e.g. C1) |  |
| Type of activity (e.g. Short-term staff training) |  |
| Description of the activity |  |
| Country of Venue |  |
| Start Date (dd-mm-yyyy) |  |
| End Date (dd-mm-yyyy) |  |
| Leading (hosting) organsiation |  |
| No. of Participants (total) |  |

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| --- | --- |
| Activity No. (e.g. C2) |  |
| Type of activity (e.g. Short-term staff training) |  |
| Description of the activity |  |
| Country of Venue |  |
| Start Date (dd-mm-yyyy) |  |
| End Date (dd-mm-yyyy) |  |
| Leading (hosting) organsiation |  |
| No. of Participants (total) |  |

***Please add a table for any additional LTT activity.***

# Future Activities

Please provide a brief overview of the remaining activities for the project and your plans for their completion. Please outline any expected changes to activities.

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Follow-up

Impact

What has been the project's impact so far on the participants, participating organisations, target groups and other relevant stakeholders?

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 Dissemination of project results

To whom did you disseminate the project results inside and outside your partnership so far? Please define in particular your targeted audience(s) at local/regional/national/EU level/international and explain your choices. **NB: Please include any links to websites or social media pages.**

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 Budget

This section gives a detailed overview of the amount of the EU grant related to the activities encoded so far

Budget Summary

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Management and Implementation | Transnational Project Meetings | Project Results | Multiplier Events | Learning/Teaching/Training Activities | Special Needs Support | Exceptional Costs | Total (Calculated) |
| Travel | Individual Support | Exceptional Costs for Expensive Travel |
|  |  |  |  |  |  |  |  |  |  |

Further Pre-financing request

Are you requesting a further pre-financing payment?

Select: **Yes / No**

*\*Select Yes only if you are submitting Interim Report (and you were funded with staged payments).*

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| --- | --- |
|  | **Report Form** |
| Call: 2021KA220 |

# Beneficiary Declaration of Honour and Signature

I, undersigned, certify that the information contained in this report and its annexes is accurate and in accordance with the facts. In particular the financial data provided corresponds with the activities actually realized and to the funds actually paid.

*Place:*

*Date:*

*Grant Agreement Number:*

*Name of the beneficiary organisation:*

*Name of the legal representative:*

*Signature:*

*Stamp of the beneficiary organisation (if applicable):*