Project Identification

|  |  |
| --- | --- |
| Action Type | *[Beneficiary to select one option below]*School education staff mobilityVET learner and staff mobilityAdult education staff mobilityYouth mobility |
| Project reference number |  |
| Beneficiary Organisation Full Legal Name (Latin characters) |   |

Project implementation

Please provide a general indication on the overall state of art of the project. Are the initial objectives, planned activities, identified target and expected results being pursued, carried out and reached as initially planned? At this stage do you encounter challenges or problems in implementing the project as planned? If so, under which aspect? Please provide any meaningful information considered necessary for a comprehensive overview of the current implementation of the project.

|  |
| --- |
|  |

Budget

|  |
| --- |
| Financial statement on the EU grant |
|  | Total amount |
| Grant requested to the Erasmus+ Programme (as in your Grant Agreement) |  |
| 1st Pre-financing payment: grant already received from the Erasmus+ Programme |  |
| EU grant already used up  |  |
| Further pre-financing payment claimed to the Erasmus+ Programme |  |

If, in the context of this report, you are also forwarding a request for budget amendment, please attach the Budget Amendment Request template, accordingly filled-in.

Beneficiary Signature

I, the undersigned, certify that the information contained in this interim report form and its annexes is accurate and in accordance with the facts.

|  |
| --- |
| Place: Date (dd-mm-yyyy):Name of the beneficiary organisation:Name of legal representative: Signature:National ID number of the signing person (if requested by the National Agency):Stamp of the beneficiary organisation (if applicable): |