General Instructions

This report form is to be used by beneficiaries when the report is triggering a further pre-financing payment as per the respective grant agreement with the NA.

Project Identification

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| --- | --- |
| Action Type | *[Beneficiary to select one option below]*  School education staff mobility  VET learner and staff mobility  Adult education staff mobility  Youth mobility |
| Project agreement number |  |
| Project Title |  |
| Beneficiary Organisation Full Legal Name (Latin characters) |  |
| Contact Person (Title, first name, last name, e-mail address) |  |
| Reporting Period (dd/mm/yyyy – dd/mm-yyyy) |  |

Project Implementation

Please summarise the main developments in the project at this interim stage. Describe the mobility activities already completed, the activities currently in progress and the activities to be organised for the remaining project duration.

Are the initial objectives, planned activities, identified targets and expected results being pursued, carried out and reached as initially planned? So far, have you encountered challenges or problems in implementing the project goals as planned? If so, what challenges or problems have you encountered? Please provide any relevant information considered necessary for a comprehensive overview of the current and further implementation of the project.

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Budget

|  |  |
| --- | --- |
| Financial statement on the EU grant | |
|  | Total amount |
| Grant awarded from 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 National Agency |  |

I confirm that Mobility Tool+ contains up-to-date information about the project activities realised so far.

Beneficiary Signature

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

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| 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): |