***Interim Report Form – Request for further pre-financing***

***Call: 2021-2027***

***Erasmus+ Youth***

***Partnerships for Cooperation***

**General information**

This is a temporary interim report form to be used by beneficiaries when the report is triggering a further pre-financing payment as per the respective grant agreement with the NA. This form is to be used until this functionality is available in the Beneficiary Module.

**Project identification**

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| --- | --- |
| Action Type | Cooperation Partnerships / KA220 |
| Call year | 2022 |
| Round |  |
| Project agreement number |  |
| Project title |  |
| Beneficiary Organisation (Full legal name) |  |
| Contact Person (first name, last name, e-mail address) |  |
| Reporting period |  |

**1. Overall status of the project:**

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| \_ Please outline a brief overview regarding the status of your project.  \_ Which activities (project results, trainings, partner meetings, etc.) have already been carried out and which results have been achieved?  \_ Please refer to the activities specified in your project application and provide weblinks to the results that have already been finished. |
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**2. Problems occurred during the project**

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| If applicable, please provide a description of any difficulties you encountered during the project so far and how you and your partners handled them. |
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**3. Additional information**

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| Please provide any information you wish to add regarding the **progress of your project so far**. |
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**4. Further pre-financing**

Are you requesting a further pre-financing payment?

Yes  No

Use of funds: have 70% of the 1st pre-financing payment been used up?

Yes  No

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| --- | --- |
|  | Total amount |
| Grant awarded from the E+ Programme (as in your Grant Agreement) | € |
| Pre-financing: amount already received from the E+ Programme for this project | € |
| Amount already used up (minimum 70% of pre-financing amount) | € |
| **Further pre-financing payment requested** | € |

**5. Beneficiary Declaration of Honour and Signature**

*I, the undersigned, certify that the information contained in this report form and its annexes (if applicable) is accurate and in accordance with the facts. In particular, the financial data provided corresponds with the activities actually realised and to the funds actually paid.*

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| Place:       Date:  Name of the beneficiary organisation:  Name of legal representative:  Signature of legal representative:  Stamp of the beneficiary organisation (if applicable): |