

FINAL REPORT (FINANCIAL PART)
of project implementation
“Programme ‘Applied Research’

Report number				
Reporting period	from	DD.MM.YYYY	to	DD.MM.YYYY

A. PROJECT INFORMATION				
Number of project contract			Acronym	
Duration of project	from	DD.MM.YYYY	to	DD.MM.YYYY
Project title				
Key words				
Name of the call				

ENTITIES				
Status in project	Name of entity	Short name	Type of entity¹	Country
Project Promoter				
Project Partner 1				
Project Partner 2				
Project Partner ...				

B1. Principal Investigator	
First and last name, academic degree/title	
Place of employment	
Telephone number, e-mail	

¹ Choose one: research unit/institution, small /medium/ large enterprise, other

C. INDIVIDUAL FINANCIAL STATEMENTS

C.1 ²		Name of entity														
C.1.1		ELIGIBLE COSTS INCURRED IN REPORTING PERIOD (in PLN)														
Nr zadania / WP No.	Rodzaj zadania / WP type	Podmiot realizujący nazwa skrócona / Entity short name	Kategorie kosztów / Cost category								Calkowity koszt ogółem / Total cost	Dofinansowani z budżetu Centrum / NCBR funding	Wkład własny / Own contribution	Poziom dofinansowania (%) / Funding rate (%)		
			Materiały eksploatacyjne i dostawy (CS) / Consumables and supplies (CS)	Wynagrodzenia (W) / Staff (W)	Aparatura/koszyki techniczne i patentów (A) / Equipment/Costs of technical knowledge and patents (A)	Podróże i diety (T) / Travel and subsistence allowance (T)	Podwykonawstwo (E) / Subcontracting (E)	Pozostałe koszty operacyjne (Op) / Other direct costs (Op)	Calkowite koszty bezpośrednie / Total direct costs	Koszty ogólne/Pośrednie (O) / Overheads/Indirect costs (O)						
1		Partner 1														
n		Partner n														
		Ogółem/total														

²Each partner launched his individual financial statements in separate C part; each table should be adjust with additional rows if needed. Each filled in C part (points from 1 to 4) should be signed by particular partner

EXPLANATIONS OF THE USE OF RESOURCES AND SUBCONTRACTING ³							
C.1.2	No.	Costs (in PLN)	Short Description	Category	Associated Work Package	Cost planned in budget (from list) ⁴	Explanation ⁵
	1						
	n						
	Total						

USE OF IN KIND CONTRIBUTION FROM THE THIRD PARTY ⁶								
C.1.3	No.	Costs (in PLN)	Third Party Name	Type ⁷	Category	Associated Work Package	Cost planned in budget (from list)	Explanation
	1							
	n							
	Total							

³ Table should contain all direct costs incurred in reporting period by particular partner, but cumulatively (in more general way; there is no need to show every single invoice or remuneration). For example: "Principal Investigator", "Reagents", "Conference in Dublin", "Promotion", "Kick off meeting", "External laboratory analysis ...". Each cost have to correspond to particular costs planned in budget (in application form).

⁴ The name of cost position planned in budget in proposal form

⁵ Short explanation about incurred cost and connection with project implementation.

⁶ Third parties (other than the subcontractor) may participate in the project by sharing their resources to help in project implementation (in-kind contribution provided against payment or free of charge); if there is unforeseen in-kind contribution from the third party (no planned in application form) choose in "n/a" in "Cost planned in budget (from list)"

⁷ Options: "free of charge" or "against payment"

C.1.4	STATEMENTS
The beneficiary hereby confirms that:	
<ul style="list-style-type: none">• The information provided is complete, reliable and true• The costs declared are eligible• The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations• For the reporting period: that all costs have been declared	
<p>Signature and stamp⁸ of the authorized person to represent partner</p> <p>Date: DD.MM.YYYY</p>	

⁸ Stamp is not obligatory when the statements will be signed with a qualified electronic signature.

D. SUMMARY FINANCIAL STATEMENT⁹

ELIGIBLE COSTS INCURRED IN REPORTING PERIOD

Nr zadania / WP No.	Rodzaj zadania / WP type	Podmiot realizujący nazwa skrócona / Entity short name	Kategorie kosztów / Cost category										Calkowity koszt ogółem / Total cost	Dofinansowanie z budżetu Centrum / NCBR funding	Wkład własny / Own contribution	Poziom dofinansowania (%) / Funding rate (%)	
			Materiały eksploatacyjne i dostawy (CS) / Consumables and supplies (CS)	Wynagrodzenia (W) / Staff (W)	Aparatura/koszty techniczne i patentów (A) / Equipment/Costs of technical knowledge and patents (A)	Podróże i diety (T) / Travel and subsistence allowance (T)	Podwykonawstwo (E) / Subcontracting (E)	Pozostałe koszty operacyjne (Op) / Other direct costs (Op)	Calkowite koszty bezpośrednie / Total direct costs	Koszty ogólne/Pośrednie (O) / Overheads/Indirect costs (O)							
1		Partner 1															
1		Partner n															
Suma dla zadania 1 / Sum (WP 1)																	
n		Partner 1															
n		Partner n															
Suma dla zadania n / Sum (WP n)																	
Ogółem / Total																	

⁹ Table should contain information from all of C parts (individual statements)

E. DISTRIBUTION OF THE FINANCIAL CONTRIBUTION BETWEEN THE PROJECT PROMOTER AND PROJECT PARTNERS

Year	Name of entity		Payment advances	
			date	amount
	Applicant 1	[nazwa wnioskodawcy]		
	Applicant 2	[nazwa wnioskodawcy]		
	Applicant 3	[nazwa wnioskodawcy]		
	Applicant 4	[nazwa wnioskodawcy]		
	Applicant 5	[nazwa wnioskodawcy]		
	Applicant 6	[nazwa wnioskodawcy]		
	Applicant 7	[nazwa wnioskodawcy]		
	Sum			
	Applicant 1	[nazwa wnioskodawcy]		
	Applicant 2	[nazwa wnioskodawcy]		
	Applicant 3	[nazwa wnioskodawcy]		
	Applicant 4	[nazwa wnioskodawcy]		
	Applicant 5	[nazwa wnioskodawcy]		
	Applicant 6	[nazwa wnioskodawcy]		
	Applicant 7	[nazwa wnioskodawcy]		
	Sum			
	Applicant 1	[nazwa wnioskodawcy]		
	Applicant 2	[nazwa wnioskodawcy]		
	Applicant 3	[nazwa wnioskodawcy]		
	Applicant 4	[nazwa wnioskodawcy]		
	Applicant 5	[nazwa wnioskodawcy]		
	Applicant 6	[nazwa wnioskodawcy]		
	Applicant 7	[nazwa wnioskodawcy]		
	Sum			
TOTAL				

Person responsible for preparing the final report	Name and last name:	
	Phone number:	
	e-mail:	

**Stamp¹⁰ of
Project Promoter institution**

**Signature and stamp¹¹ of the authorized person
to represent the Promoter Project**

¹⁰ Stamp is not obligatory when a periodic report is signed with a qualified electronic signature.

¹¹ As above.