General Instructions

This report form serves to **assess the implementation of the project of allocated funds (KA151)** within the framework of the approved action/accreditation in the current phase and to determine the achieved results for a certain period.

Please answer all questions below according to the current stage of implementation. Please keep your answers short and clear.

If instructed by the National Agency, this form may be used by beneficiaries in order to trigger a further **pre-financing payment** as per the respective grant agreement with the National Agency.

The report must be submitted, completed, signed and stamped (where appropriate) to the responsible officer of the National Agency as per the instructions provided.

Project Identification

|  |  |
| --- | --- |
| Action Type | KA151-YOU - Accredited projects for youth mobility |
| Project Agreement Code |  |
| Project Title  |  |
| Start and End Date of Project  |  |
| 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

1. Please summarise the main developments in the project at this interim stage (within the specified reporting period). Describe the activities already completed, the activities currently in progress and the activities to be organised for the remaining project duration.

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1. Please describe **any deviations** in the contracted activities within the reporting period (in terms of increase/decrease in the number of activities, changes in the type of activities, changes in relation to the collaboration with participating organisations in your project) and whether you have communicated them to the National Agency)

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1. Please explain briefly how you maintain that monitoring of the implementation of the project to be in line with the **Erasmus Youth Quality Standards**.

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Budget

If instructed by the National Agency, this section may be used by beneficiaries to trigger a further **pre-financing payment** as per the respective Grant Agreement with the National Agency.

If a **pre-financing payment is not applicable to your project**, based on the pre-financing schedule outlined in the Data Sheet (Table 4.2 Periodic reporting and payments) of your Grant Agreement, **please leave row d) empty.**

Financial Statement on the EU Grant

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

|  |  |
| --- | --- |
|  | Total Amounts |
| 1. Grant awarded from the Erasmus+ Programme (as in your Grant Agreement)
 |  |
| 1. 1st Pre-financing payment: grant already received from the Erasmus+ Programme
 |  |
| 1. EU grant already used up (\*as in Beneficiary Module)
 |  |
| 1. Further pre-financing payment claimed to the National Agency
 |  |

Beneficiary Signature

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

I also confirm that Beneficiary Module contains up-to-date information about the project activities realised so far.

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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): |

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| *Έντυπο 2601: KA1 Interim Report Form Template* |
| *Ημερ. Έκδοσης: 22/9/2025* |
| *Αριθμός έκδοσης: 5* |
| *Κάτοχος: Λειτουργοί Προγραμμάτων* |