



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2010

Leonardo da Vinci Transfer of Innovation

Form version: 2.2 / Adobe Reader version: 9.405

**THIS FORM IS ONLY FOR TESTING AND ONLY FOR INTERNAL EUROPEAN COMMISSION / NATIONAL AGENCIES USE. PLEASE DO NOT DISTRIBUTE!**

ENVIRONMENT: TEST

### A. GENERAL INFORMATION

Please send this report duly completed and signed to your National Agency at the latest by the date stated in the grant agreement. Refer to the website of your National Agency for a link to the detailed self-calculating (excel) financial tables. Once this report and the supporting documents are submitted and approved, the National Agency will pay the second pre-financing payment.

### B. SUBMISSION

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	LEONARDO DA VINCI
Action type	TRANSFER OF INNOVATION
Action	LEONARDO DA VINCI Transfer of innovation
Call	2010
Project duration (months)	24 months
Report Type	INTERIM (Interim)

### B.1. PERIOD COVERED BY THE REPORT

From (dd-mm-yyyy)	
To (dd-mm-yyyy)	

### B.2. PROJECT IDENTIFIERS

Grant agreement no.	2010-1-GR1-LEO05-00006
Grant agreement period start (dd-mm-yyyy)	
Grant agreement period end (dd-mm-yyyy)	
Project title	Project Title
National Id	National ID
Beneficiary name	Beneficiary Organisation, BE - BELGIUM
Beneficiary legal representative	Legal Representative
Submission id	
Form hash code	



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### B.3. NATIONAL AGENCY

Identification

GR1 LLP (IKY)

Postal address

Makri 1 & Dionysiou Areopagitou, 11742, Athens Greece

Email address

llpeforms@iky.gr

Helpdesk

llpeforms@iky.gr

Website

www.iky.gr

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### C. IDENTIFICATION OF THE BENEFICIARY

#### C.1. BENEFICIARY ORGANISATION

Partner number	PO
Role	Applicant co-ordinator (CO-APP)
Full legal name (national language)	Beneficiary Organisation
Full legal name (latin characters)	Beneficiary Organisation
Acronym	Beneficiary Organisation
National id (if requested by the NA)	
Type of organisation	Associations working in the field of lifelong learning, including students', trainees
Commercial orientation	For profit (P)
Scope	local (L)
Legal status	private (PR)
Economic sector	A - AGRICULTURE, FORESTRY AND FISHING
Size (staff)	staff 21 to 50
Legal address	Legal Address
Postal code	Postal Code
City	City
Country	BE - BELGIUM
Region	BE10 - Région de Bruxelles-Capitale / Brussels Hoofdstedelijk Gewest
Telephone 1	000 111 222
Telephone 2	000 111 222
Fax	000 111 222
Email	email@email.com
Website	Website

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**C.1.1. CONTACT PERSON**

Title	Title
First name	Contact
Family name	Person
Department	Department
Position	Position
Work address	Address
Postal code	Postal Code
City	City
Country	BE - BELGIUM
Telephone 1	000 111 222
Telephone 2	000 111 222
Mobile	000 111 222
Fax	000 111 222
Email	email@email.com

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**C.1.2. PERSON AUTHORISED TO SIGN FOR THE ORGANISATION**

Title	Title
First name	Legal
Family name	Representative
Organisation	
Department	Department
Position	Position
Work address	Address
Postal code	Postal Code
City	City
Country	BE - BELGIUM
Telephone 1	000 111 222
Telephone 2	000 111 222
Mobile	000 111 222
Fax	000 111 222
Email	email@email.com

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**D. IDENTIFICATION OF THE PARTNERS**

**D.1. PARTNER ORGANISATION**

Partner number	P1
Role	
Full legal name (national language)	Partner 1
Full legal name (latin characters)	Partner 1
Acronym	Partner 1
National id (if requested by the NA)	
Type of organisation	Vocational training institute tertiary level (EDU-HEIVoc)
Commercial orientation	Not for Profit (NP)
Scope	regional (R)
Legal status	public (PB)
Economic sector	A2 - Forestry and logging
Size (staff)	staff 501 to 2.000
Legal address	Legal Address
Postal code	1000
City	Wien
Country	AT - AUSTRIA
Region	AT11 - Burgenland (A)
Telephone 1	000 111 222
Telephone 2	000 111 222
Fax	000 111 222
Email	email@email.com
Website	

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### D.1.1. CONTACT PERSON

Title	Mr
First name	Contact
Family name	Person
Department	
Position	
Work address	Address
Postal code	1030
City	Bruxelles
Country	AT - AUSTRIA
Telephone 1	000 111 222
Telephone 2	000 111 222
Mobile	000 111 222
Fax	000 111 222
Email	email@email.com

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**D.2. PARTNER ORGANISATION**

Partner number

P2

Role

Associated partner (PA-ASC)

Full legal name (national language)

Partner 2

Full legal name (latin characters)

Partner 2

Acronym

Partner 2

National id (if requested by the NA)

Type of organisation

Vocational training centre or organisation (EDU-VET)

Commercial orientation

Not for Profit (NP)

Scope

regional (R)

Legal status

private (PR)

Economic sector

B - MINING AND QUARRYING

Size (staff)

staff 21 to 50

Legal address

Legal Address

Postal code

1000

City

Basel

Country

CH - SWITZERLAND

Region

CH01 - Région lémanique

Telephone 1

+32 22 123222

Telephone 2

Fax

Email

email@email.com

Website

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### D.2.1. CONTACT PERSON

Title	Prezes
First name	Contact
Family name	Person
Department	Position
Position	Position
Work address	Address
Postal code	1000
City	Basel
Country	CH - SWITZERLAND
Telephone 1	000 111 222
Telephone 2	000 111 222
Mobile	000 111 222
Fax	000 111 222
Email	email@email.com

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### E. CONSORTIUM

Are there any changes to the initial consortium or in the distribution of tasks and Budget amongst partners?

Note: changes to the consortium or substantial changes in the allocation of tasks require an amendment of the grant agreement.

Yes

If you answered YES, please fill in the following table:

#### E.1. CONSORTIUM CHANGES

No.	<b>1</b>
Name of partner organisations which have withdrawn (including co-ordinator)	
Replacement partners	
Has the amendment request been approved by the NA?	
Reasons for withdrawal	

#### E.2. CONSORTIUM MEETINGS

Send the minutes of the consortium meetings with the duly signed paper version of this report and do not forget to list them in section Annexes to the Report.

No.	<b>1</b>
Title	
Place (country)	
Place (city)	
Date (dd-mm-yyyy)	
Partners not attending (explain the reasons)	

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## F. WORK PROGRAMME

Please summarise in this section the past/future activities of your project, in order to provide a correct assessment on current progress.

### F.1. PAST ACTIVITIES

Please describe the past activities undertaken.

Indicate which work packages had to be changed compared with the original planning in your application and briefly explain the reasons.

What is the estimated percentage(%) of work completed?

### F.2. FUTURE ACTIVITIES

Please describe the future activities.

Indicate changes to planned activities which you expect in the future and briefly explain the reasons (please bear in mind that certain changes might require an amendment request and subsequent approval. In case of doubt contact your National Agency).

**F.3. RESULTS AND WORK PACKAGES**

Please describe in this section the results achieved so far and the progress made on the corresponding working packages.

Note: In case of tangible results/products send with the duly signed paper version of this Interim Report two copies of each tangible result/product showing its current stage of development. Also do not forget to list these tangible results/products in section Annexes to the Report.

Where possible, electronic copies should be provided rather than hard copies (CDROM, links to websites). When applicable include also login and password details.

**F.3.1. RESULTS**

No.	<b>1</b>
Result/Product title	Product 1
Result/Product description	
How does the Result/Product contribute to achieve the project objective/s	
Deviations from initial proposal or subsequent amendments, including reasons for change	
Result/Product Type	
Target group(s) / potential beneficiaries	
Target sector	
Result/Product language/s	
Medium used	
Availability date (dd-mm-yyyy)	
Number of copies (if applicable)	
Evaluation type and testing (if applicable)	
Where, when and how the evaluation and testing were carried out (e.g. scope, method, tools, sample, etc.)?	
Findings, conclusions and lessons of evaluation and testing	
Was the result/product/process modified respectively adapted after evaluation and testing?	
Involved partners	



**F.3.2. WORK PACKAGES**

Please describe the progress of the working packages and related results.

Note: For completed results you do not need to fill in work package boxes, only the result boxes above.

Work package no.	<b>1</b>	
Work package title	Work Package 1	
Actual start date (dd-mm-yyyy)		
Planned end date (dd-mm-yyyy)		
Package leader		
Partners participating in the work package		
Work package progress description		
Methodological/pedagogical framework (if applicable)		
Deviations from initial proposal or subsequent amendments, including change reasons		
Result to which this work package has contributed		
Result No.	Result/Product title	
1	Product 1	

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**G. DISSEMINATION AND EXPLOITATION OF RESULTS**

Describe clearly and briefly the progress of the activities for the dissemination and exploitation of results.

No.	<b>1</b>
Activity description	
Activity start date (dd-mm-yyyy)	
Deviations from initial proposal or subsequent amendments, including change reasons	
Implementing partners' names	
Country	
Region	
City	
Targeted sectors	
Targeted groups	
Activity number of participants	
Which institutions/organisations were targeted?	
Organisation type	
Why have these institutions been chosen, and what is their relevance towards the project objectives?	

Describe the results and feedback received from stakeholders (target group or sector) of implemented dissemination activities.



## H. TARGET GROUPS

### H.1. INVOLVEMENT

Please describe the involvement of target groups/end user(s), educational structures, sector representatives, VET policy and decision makers in your project.

### H.2. TARGET GROUPS' STATISTICS

Indicate which target groups you have involved and quantify. Indicate to which educational field, educational level and economic sector the respective target group belongs.

No.	<b>1</b>
Target group	
Educational field	
Educational level	
Economic sector	
Number of people directly addressed to date	

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## I. LESSONS LEARNED

### I.1. PROBLEM HANDLING

Describe any difficulties encountered during the implementation of the project, and what solutions you found to overcome those difficulties.

[Empty text box for problem handling description]

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## J. ANNEXES TO THE REPORT

Please enumerate here the annexes to the duly signed paper version of the report to be sent by post. Annexes should include for example:

- Minutes of consortium meetings
- Lists of participants (in consortium meetings, seminars, ...)
- Copies of tangible results/products (online, electronic versions, ...)
- Dissemination materials (publications, leaflets, posters, ...)

Also attach any related documents to the report and mark them with the right reference (e.g. Consortium Meeting No. 1, 2, 3, ... = numbering of the table/s "Consortium meetings"; e.g. tangible Result or Product No. 1, 2, 3, ... = numbering of the table/s "Results").

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The following documents **MUST** also be submitted with the original paper version of the report to be sent by mail:

- Evidence of bank transfers between the beneficiary and ALL project partners
- Copies of sub-contracting agreements and invoices, including all tender documents.

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## K. FINANCIAL REPORT

### K.1. PARTNER

Partner number	P0
Partner name	Beneficiary Organisation
Partner country	BE - BELGIUM

#### K.1.1. EXPENSES INCURRED

Staff costs		
Operating costs	Travel and Subsistence	
	Equipment (up to 10%)	
	Sub-contracting costs (up to 30%)	
	Other	
Direct costs		0.00
Indirect costs (up to 7%)		
Total costs		0.00

#### K.1.2. GRANTS

Leonardo da Vinci		
Other funds	National funds	
	Own contribution	
	Other sources	
Total grants		0.00

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## K.2. PARTNER

Partner number	P1
Partner name	Partner 1
Partner country	AT - AUSTRIA

### K.2.1. EXPENSES INCURRED

Staff costs		
Operating costs	Travel and Subsistence	
	Equipment (up to 10%)	
	Sub-contracting costs (up to 30%)	
	Other	
Direct costs		0.00
Indirect costs (up to 7%)		
Total costs		0.00

### K.2.2. GRANTS

Leonardo da Vinci		
Other funds	National funds	
	Own contribution	
	Other sources	
Total grants		0.00



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### K.3. PARTNER

Partner number	P2
Partner name	Partner 2
Partner country	CH - SWITZERLAND

### K.3.1. EXPENSES INCURRED

Staff costs		
Operating costs	Travel and Subsistence	
	Equipment (up to 10%)	
	Sub-contracting costs (up to 30%)	
	Other	
Direct costs		0.00
Indirect costs (up to 7%)		
Total costs		0.00

### K.3.2. GRANTS

Leonardo da Vinci		
Other funds	National funds	
	Own contribution	
	Other sources	
Total grants		0.00

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#### K.4. PROJECT TOTALS

##### K.4.1. EXPENSES INCURRED

Staff costs		0.00
Operating costs	Travel and Subsistence	0.00
	Equipment (up to 10%)	0.00
	Sub-contracting costs (up to 30%)	0.00
	Other	0.00
Direct costs		0.00
Indirect costs (up to 7%)		0.00
Total costs		0.00

##### K.4.2. GRANTS

Leonardo da Vinci		0.00
Other funds	National funds	0.00
	Own contribution	0.00
	Other sources	0.00
Total grants		0.00

**The detailed self-calculating (excel) financial tables must be completed for all projects at the Interim and Final report stages. Refer to the website of your National Agency for a link to the financial tables.**

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## L. FINAL PAYMENT

Please indicate here if you request the payment of supplementary pre-financing (advances).

Yes

Yes, I request the payment.

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### M. DATA PROTECTION NOTICE

#### PROTECTION OF PERSONAL DATA

The grant application will be processed by computer. All personal data (such as names, addresses, CVs, etc.) will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Information provided by the applicants necessary in order to assess their grant application will be processed solely for that purpose by the department responsible for the programme concerned. On the applicant's request, personal data may be sent to the applicant to be corrected or completed. Any question relating to these data, should be addressed to the appropriate Agency to which the form must be submitted. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at anytime.

<http://www.edps.europa.eu/>

### N. DECLARATION OF CONFORMITY

I, the undersigned, hereby declare that the attached information is accurate and in accordance with the facts. In particular the financial data provided in this report correspond to the expenditure actually incurred by the project partners for carrying out project activities. This information has been approved by the authorities representing the partners involved in the activities set out in this report.

Furthermore, I declare that based on the information provided in this report I have entered respectively update, data on this project in the ADAM Project and Product Portal for Leonardo da Vinci.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the beneficiary legal representative: \_\_\_\_\_

Position within the beneficiary organisation: \_\_\_\_\_

Original signature of the person legally authorised: \_\_\_\_\_

Please send signed copy + supporting documents. It is this authentic version that will be evaluated.

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## O. SUBMISSION

Before submitting the form electronically, please validate it. Please note that only the final version of your form should be submitted electronically.

### O.1. DATA VALIDATION

Validation of compulsory fields and rules

### O.2. SUBMISSION SUMMARY

This table provides additional information (log) of all form submission attempts, particularly useful for the National Agencies in case of multiple form submissions.

Number	Time	Event	Form hash code	Status
1	2011-11-18 13:25:34 *	Form has not been submitted yet	4ABDCB1FB5C58BAB	Unknown

\* means local PC time, which is not trusted and cannot be used for claiming that the form has been submitted in time

### O.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

### O.4. ALTERNATIVE SUBMISSION PROCEDURE

Creates a file to be sent by email to the National Agency

(To be used ONLY if online submission is not available. Please see instructions about this procedure in the "Applicant Guide")

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