



Education and Culture DG

Lifelong Learning Programme

**Report Form**

Call:

*Leonardo da Vinci Transfer of Innovation*

Form version: 1.0 / Adobe Reader version used: 10

**A. GENERAL INFORMATION**

Please send this report duly completed and signed to your National Agency within 2 months following the closing date of the action specified in Article 11.2 of the grant agreement. Once this report and the supporting documents are submitted and approved, the National Agency will either pay the balance of the grant or recover any unspent funds.

**B. SUBMISSION**

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

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

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



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**B.2. PROJECT IDENTIFIERS**

Grant agreement no.

Grant agreement period start (dd-mm-yyyy)

Grant agreement period end (dd-mm-yyyy)

Project title

National Id

Beneficiary name

Beneficiary legal representative

Submission id

Form id

Hash code

Form hash code



**B.3. NATIONAL AGENCY**

Identification

Postal address

Internationella programkontoret  
Leonardo  
Box 22007  
104 22 Stockholm

Email address

leonardo@programkontoret.se

Helpdesk

08-453 72 00

Website

<http://www.programkontoret.se>



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### C. IDENTIFICATION OF THE BENEFICIARY

#### C.1. BENEFICIARY ORGANISATION

Role	
Full legal name (national language)	
Full legal name (latin characters)	
Acronym	
National id (if requested by the NA)	
Type of organisation	
Commercial orientation	
Scope	
Legal status	
Economic sector	
Size (staff)	
Legal address	
Postal code	
City	
Country	
Region	
Telephone 1	
Telephone 2	
Fax	
Email	
Website	



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**C.1.1. CONTACT PERSON**

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
Work address	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Organisation	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
Work address	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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## D. IDENTIFICATION OF THE PARTNERS

### D.1. PARTNER ORGANISATION

Role	
Full legal name (national language)	
Full legal name (latin characters)	
Acronym	
National id (if requested by the NA)	
Type of organisation	
Commercial orientation	
Scope	
Legal status	
Economic sector	
Size (staff)	0
Legal address	
Postal code	
City	
Country	
Region	
Telephone 1	
Telephone 2	
Fax	
Email	
Website	



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**D.1.1. CONTACT PERSON**

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
Work address	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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D.2. PARTNER ORGANISATION

Role	
Full legal name (national language)	
Full legal name (latin characters)	
Acronym	
National id (if requested by the NA)	
Type of organisation	
Commercial orientation	
Scope	
Legal status	
Economic sector	
Size (staff)	
Legal address	
Postal code	
City	
Country	
Region	
Telephone 1	
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Email	
Website	



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**D.2.1. CONTACT PERSON**

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
Work address	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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D.3. PARTNER ORGANISATION

Role	
Full legal name (national language)	
Full legal name (latin characters)	
Acronym	
National id (if requested by the NA)	
Type of organisation	
Commercial orientation	
Scope	
Legal status	
Economic sector	
Size (staff)	
Legal address	
Postal code	
City	
Country	
Region	
Telephone 1	
Telephone 2	
Fax	
Email	
Website	



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**D.3.1. CONTACT PERSON**

Title	<input type="text"/>
First name	<input type="text"/>
Family name	<input type="text"/>
Department	<input type="text"/>
Position	<input type="text"/>
Work address	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone 1	<input type="text"/>
Telephone 2	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



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## E. CONSORTIUM

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

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

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## F. RESULTS

### F.1. PROJECT ACHIEVEMENTS

Did the project meet the initial objective(s) specified in the application form? Comment on any over/under objectives' achievements.

How did the experience and know-how of each partner and the practice of each country contribute to the achievement of the project objectives?

Comment on any unanticipated benefits derived from the above mentioned trans-national work.



F.2. RESULTS OF THE PROJECT

Describe the results/products of your project.

Note: In case of tangible results/products send with the duly signed paper version of this Final Report two copies of each tangible result/product. 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.

No.	<b>1</b>
Result/Product title	
Result/Product description	
How did 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	<input type="text"/> <input type="text"/>
Medium used	<input type="text"/> <input type="text"/>
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	



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Explain how the recommendations of the National Agency were taken into consideration after the Interim Report and/or the Monitoring Visit (if applicable)

Empty response area for the question above.

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## G. TYPE OF TRANSFER

Describe which transfer strategy you used in your project and also any positive/negative experiences during the implementation of that strategy.

How did your project implement the transfer of innovation from a sectorial, geographical, or other perspective? In case you used different strategies for different project results, please describe these separately.

Comment on the suitability and success of your strategies.



### H. DISSEMINATION AND EXPLOITATION OF RESULTS

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

No.	<b>1</b>
Activity description	
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?	
No.	<b>1</b>
Organisation type	
Organisation size	
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.

Describe the aims of your dissemination activities and comment on the suitability and the success of these activities.



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## I. IMPACT AND SUSTAINABILITY

### I.1. TARGET GROUPS AND SECTORS

Please describe the impact on target groups and sectors.

Which qualitative and quantitative indicators did you use to measure this impact?

### I.2. GEOGRAPHICAL TARGET AREAS

Please describe the impact on geographical target areas.

Which qualitative and quantitative indicators did you use to measure this impact?

### I.3. NATIONAL VET SYSTEMS

What was the project impact on the national VET system of your country?

What was the project impact on the national VET system of your partners?



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### I.4. IMPACT STATISTICS

Indicate on which target groups the project had impact and quantify. Indicate to which educational field, educational level and economic sector the respective target group belonged.

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

### I.5. POTENTIAL SUSTAINABILITY

Which institutions/organisations (other than the partners) have expressed serious interest in using the results?

How many people in which target group will benefit from the project results in a year from now in each of the partner countries? Explain how you calculated/estimated these numbers.

Explain the project partnership, the activities and the results that are planned to be maintained after the end of the EU funding.

Which resources do you intend to use to maintain them?



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Explain whether results will be exploited on a commercial basis or shared free of charge.

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## J. CONTRIBUTION TO EU POLICIES

### J.1. EUROPEAN PRIORITIES

Which European priority has your project addressed?

Describe how your project has contributed to this European priority?

### J.2. NATIONAL PRIORITIES

If applicable, which national priorities has your project addressed?

Describe how your project has contributed to these national priorities?

### J.3. HORIZONTAL ISSUES

If applicable, which horizontal issues has your project directly addressed?

- Promoting an awareness of the importance of cultural and linguistic diversity within Europe, as well as of the need to combat racism, prejudice and xenophobia (Div)
- Cultural and linguistic diversity (CulDiv)
- Fight against racism and xenophobia (RacXen)
- Making provision for learners with special needs, and in particular by helping to promote their integration into mainstream education and training (SpecNeed)
- Promoting equality between men and women and contributing to combating all forms of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation (Discr)
- Equal opportunities men and women (Equal)



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Sexual discrimination, orientation (SexDis)

Racial or ethnic origin (RacEth)

Age (Age)

Describe how your project has contributed to these horizontal issues?

**J.4. LISBON KEY COMPETENCES**

If applicable, to which Lisbon Key Competences has your project directly contributed?

Describe how your project has contributed to these Lisbon Key Competences?

**K. EVALUATION**

Please provide an evaluation on the following aspects.

**K.1. INFORMATION USEFULNESS**

How useful was the information you received (including guidance notes) about the action type 'Transfer of Innovation'?

ASPECT	RATING
At application stage (UseFul-AppSta)	
During the lifetime of your project (UseFul-LifeTime)	

**K.2. APPLICATION AND REPORTING FORMS**

How did you find the completion of the following forms?

ASPECT	RATING
Application Form (Compl-App)	
Interim Report (if applicable) (Compl-Interim)	
Final Report (Compl-Final)	

**K.3. QUALITY OF SERVICE**

ASPECT	RATING
In general, how would you rate the quality of service provided by the national agency? (Qos-NA)	

**K.4. FUTURE PARTICIPATION AND RECOMMENDATION**

ASPECT	RATING
Would your organisation consider participating in other European co-operation activities in the future? (FutPart-Org)	
Would you recommend participating in this type of action to other organisations? (FutPart-Recomm)	



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## L. LESSONS LEARNED

### L.1. PROBLEM HANDLING

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

### L.2. COMMENTS AND SUGGESTIONS

Please provide any further comments you might wish to make to the National Agency or the European Commission on the management and implementation of Leonardo 'Transfer of Innovation' Projects.



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## M. 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").

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.

EN

Form hash code



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## N. FINANCIAL REPORT

### N.1. PARTNER

Partner name	
Partner country	

#### N.1.1. EXPENSES INCURRED

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

#### N.1.2. GRANTS

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



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**N.2. PARTNER**

Partner name	
Partner country	

**N.2.1. EXPENSES INCURRED**

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

**N.2.2. GRANTS**

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



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**N.3. PARTNER**

Partner name	
Partner country	

**N.3.1. EXPENSES INCURRED**

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

**N.3.2. GRANTS**

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



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**N.4. PARTNER**

Partner name	
Partner country	

**N.4.1. EXPENSES INCURRED**

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

**N.4.2. GRANTS**

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



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## N.5. PROJECT TOTALS

### N.5.1. EXPENSES INCURRED

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

### N.5.2. 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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## O. FINAL PAYMENT

Please indicate here if you request the final payment.

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**P. 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/>

**Q. 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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**R. SUBMISSION**

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

**R.1. DATA VALIDATION**

Validation of compulsory fields and rules

**R.2. STANDARD SUBMISSION PROCEDURE**

Online submission (requires internet connection)

Submission status

Submission ID

Submission Local Date (Brussels)

Hash code

This is a confirmation that you have successfully submitted your report. Now, you should print, sign and send the report to your National Agency.

Please also note that only an electronically submitted report should be printed, signed and sent to your NA. A report that has not been submitted electronically or that has been modified after the electronic submission, will bear a 'DRAFT' watermark.

**R.3. 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")