**SMALL GRANT COMPLETION REPORT**

**SAMRS/20XY/SG/XX/XX**

|  |  |
| --- | --- |
| **Project title:** |  |
| **Name of the organization:** |  |
| **Address:** |  |
| **Phone number:** |  |
| **E-mail:** |  |
| **Represented by** (name): |  |
| **Project manager** (name): |  |
| **Project start date:** |  |
| **Project end date:** |  |
| **Amount requested** (in EURO): |  |
| **Amount received from SlovakAid**  (in EURO): |  |
| **Co-financing** (Including all other financial  support received. In EURO): |  |
| **Description of the achieved goals and results**  (description of conditions under which the   project was implemented, its main results): |  |
| **Lessons learned** (obtained experience): |  |
| **Number of people benefiting from the project** (total, of which how many males and females) |  |
| **Evaluation of cross-cutting issues** (describe the impact of the project on:  a) gender equality  b) the environment and climate change |  |
| **Sustainability** (activities and steps that must be  done to keep the project outcome): |  |

**Attachment: Financial report**  (list all incomes and expenses from own if applicable and all granted sources, describe the reasons and results of their spending. Fill the finacial report table attached.):

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**City and date Project Statutory representative**

**Signature**

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**SLOVAK EMBASSY RECORDS ONLY**

|  |  |  |
| --- | --- | --- |
| **Small Grant Project No.** | **Received (date)** | **Attached copies of invoices** |
|  |  |  |

**The Embassy of the Slovak Republic hereby confirms that the copies of the submitted documents fully correspond to the originals.**

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**Head of Mission**