Annex IV Partnership Agreements
Internal quarterly reporting on PM&I
Template 2

# Template 2 – Internal quarterly financial and narrative reporting template for PM&I reporting

PM&I reporting Template 2 will be presented in regard to the First reporting period – 01.10.2019-31.03.2020, in its two versions – a) one related to the Coordinator who receives a monthly gross amount of 500 EUR for PM&I, and b) another related to partner institutions, which receive a monthly gross amount of 250 EUR. The same samples will be used for forthcoming periods as well.

PM&I reporting will also be conducted on a quarterly basis, in accordance with Art 7.2 of the Partnership Agreements (PAs) and in accordance with Annex 4 of the PAs.

**First Reporting period – 6 (No. of months**), \_\_\_\_\_\_\_\_\_\_ University *(Reporting period, its duration, and the Consortium partner should be written down)*

**a) Table 1. PROJECT MANAGEMENT AND IMPLEMENTATION for CONSORTIUM PARTNERS**

|  |  |  |
| --- | --- | --- |
| PM&I of \_\_\_\_ /Partner institution during the 1st reporting period |  | Duration - six months1/10/2019 - 31/3/2020Months |
|  **PM&I***6 months per 250 EUR in gross amount - 1500 EUR*  | Participants | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | March2020 | Costs 250 EUR in gross per month |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| In total **1500 EUR**  |

Please, describe in detail all PM&I activities in the Annex to Table 1, and submit proof of activities, proof of expenses where it is needed and/or possible.

**Annex Table 1. 1. NARRATIVE REPORT for PM&I for \_\_\_\_\_\_\_\_\_\_\_\_\_***(Write down the name and surname)*

|  |  |
| --- | --- |
| **DATES** *(duration*) - 6 months | **From (date): 01/10/2019 To (date) 31/03/2020** |
| **DESCRIPTION OF PM&I ACTIVITY(IES) PERFORMED per noted period** *(detailed description of the activities performed by appointed CP members)*Name, position………………………………………………………………………………………………………. |
| October 2019 |
| November 2019 |
| December 2019 |
| January 2020 |
| February 2020 |
| March 2020 |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of the Employee | Printed Name and Signature of the Responsible Person at the Institution | Date of the Signature |

**Note: Please add as many as needed detailed narrative reports for persons who took part in PM&I.**

**b) Table 2. PROJECT MANAGEMENT AND IMPLEMENTATION - THE HEAD COORDINATOR**

|  |  |  |
| --- | --- | --- |
| PM&I during the 1st reporting period |  | Duration - six months1/10/2019 - 31/3/2020Months |
|  **PM&I***6 months per 500 EUR in gross amount - 3000 EUR*  | Participants | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | March2020 | Costs 250 EUR in gross per month |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  In total **3000 EUR** |

Please, describe in detail all PM&I activities in the Annex to Table 1, and submit proof of activities, proof of expenses where it is needed and/or possible.

**Annex Table 2. 1. NARRATIVE REPORT for PM&I for the Head Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_**

*(write down the name and surname)*

|  |  |
| --- | --- |
| **DATES** *(duration*) - 6 months | **From (date): 01/10/2019 To (date) 31/03/2020** |
| **DESCRIPTION OF PM&I ACTIVITY(IES) PERFORMED per noted period** *(detailed description of the activities performed by appointed CP members)*Name, position………………………………………………………………………………………………………. |
| October 2019 |
| November 2019 |
| December 2019 |
| January 2020 |
| February 2020 |
| March 2020 |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of the Employee | Printed Name and Signature of the Responsible Person at the Institution | Date of the Signature |

**Annex Table 1. 2. NARRATIVE REPORT for PM&I for the Head Coordinator`s Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Write down the name and surname)*

|  |  |
| --- | --- |
| **DATES** *(duration*) - 6 months | **From (date): 01/10/2019 To (date) 31/03/2020** |
| **DESCRIPTION OF PM&I ACTIVITY(IES) PERFORMED per noted period** *(detailed description of the activities performed by appointed CP members)*Name, position………………………………………………………………………………………………………. |
| October 2019 |
| November 2019 |
| December 2019 |
| January 2020 |
| February 2020 |
| March 2020 |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of the Employee | Printed Name and Signature of the Responsible Person at the Institution | Date of the Signature |

**Note: Please add as many as needed detailed narrative reports for persons who took part in PM&I.**