**Date**: <dd/mm/yyyy>

**Small Project Fund Beneficiary**

**Croatian Agency for SMEs, Innovation and Investments**

Ksaver 208

10000 Zagreb

**Report on the accomplishment of the milestones**

1. **PROJECT DATA**

|  |  |
| --- | --- |
| **NO OF** **Call for Small Project Application:** |  |
| **FULL NAME OF THE PROJECT:** |  |
| **PROJECT ACRONYM:** |  |
| **PROJECT ID NUMBER:** |  |
| **DURATION OF THE PROJECT (DATE):** |  |
| **NAME OF FINAL RECIPIENT:** |  |

1. **ACCOMPLISHMENT OF THE MILESTONES**

|  |  |
| --- | --- |
| **Name of milestone:** |  |
| **End date of milestone:** |  |
| **Date of milestone completion:** |  |
| **Amount of milestone completion:**  *Please specify the amount in euros* |  |
| **Justification:**  *Description and justification of achieved milestone* | *For the justification, the following elements should be provided:*   * *Clear explanation of how the achievement of the milestone is demonstrated by the evidence provided, covering all the relevant elements.* * *Justification of the fulfillment of all elements included in the description of the milestone* |
| **Evidence provided:**  *Please list the evidence/ attachments you are submitting with the report* | *Evidence provided:*   * *demonstrate satisfactory fulfilment of the milestone* * *be presented in a clear and organised way, containing clear cross-references to the requirement the evidence is supposed to prove* * *be accompanied by a link to the website where the evidence is published (in case of milestones that are published - in case the document is uploaded to an electronic platform, mention the platform and any reference number that permits access to it)* * *provide reasonable assurance that the elements of the milestone have been met. For this purpose, the evidence provided should be primary and direct evidence demonstrating the fulfilment of the relevant requirement (e.g. photo documentation)* |

***\*Note: In the case of reporting on multiple accomplished milestones simultaneously, please replicate the table for each milestone and complete it individually.***

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*<Name, surname, and position*

*of the responsible person of the Final Recipient 1>*

*Instructions for completing this form:*

* *Replace the text in brackets < > with the actual information*
* *It is necessary to fill in all fields in the table*