**FINAL REPORT**

**ON THE IMPLEMENTATION OF THE PROJECT FOR WHICH FUNDS HAVE BEEN APPROVED**

**WITHIN THE PROGRAM OF SUPPORT TO EXPORTERS IN 2017**

**Component 2 – Improvement of exporter capacity**

**Form 5**

In accordance with the Agreement on the use of grants under the Program of support to exporters, Component 2 – Improvement of exporter capacity in 2017, we deliver the report on the implementation of the project for which funds have been approved.

|  |  |
| --- | --- |
| Name of the beneficiary/leading partner: |  |
| Case registration number:  *(according to РАС records)* |  |
| Implemented activities: |  |
| Name of selected service provider/s: |  |
| Project duration: |  |
| Project implementation start date: |  |
| End of project: |  |
| Total project value including VAT: |  |
| Total project value excluding VAT: |  |
| Amount of approved funds: |  |

**ACTIVITIES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITIES \***  *(state groups of activities as defined in the project proposal)* | **MONTH OF PROJECT IMPLEMENTATION**  *(Write “Х“ for months in which activities are conducted)* | | | | | | | |
|  | I | II | III | IV | V | VI | VII | IX |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*If needed, expand the list.

Describe implemented activities envisaged by the project by months. If any of the activities envisaged by the project are not implemented, state the activity in question and reason for failing to implement it.

|  |
| --- |
|  |

During this reporting period, have you submitted the request for the change of activity and/or budget to RAS?

YES NO

If YES, describe shortly the request content and reasons for requesting changes, as well as the date of submitting the request, and whether your request has been approved.

|  |
| --- |
|  |

**3. ACTIVITIES**

3. 1. Specification of all project costs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACCOUNT NUMBER** | **NAME OF BUDGET ITEM** | **NAME OF SERVICE PROVIDER** | **STATEMENT NUMBER ON THE COMMERCIAL BANK ACCOUNT** | **DATE OF FUNDS TRANSFER (STATEMENT)** | **PAID AMOUNT (RSD)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**RESULTS AND EVALUATION**

In accordance with the proposal set out in the project, present the expected results, the results achieved after the implementation of the project and the indicators by which to measure the achieved results

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPECTED RESULTS** | **INDICATOR** | **ACHIEVED RESULTS** | **Source of review**  *(state the documents, lists, etc.)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Describe the impact of the implemented project on the project beneficiaries.

|  |
| --- |
|  |

**ISSUES AND PLANS**

Did you have any issue during the implementation f the project? If yes, how did you solve them?

|  |
| --- |
|  |

What activities do you plan in the following period?

|  |
| --- |
|  |

Do you have any recommendations for the improvement of the Program od support to exporters, Component 2 – Improvement of exporter capacity?

|  |
| --- |
|  |

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MP Signature of the representative

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