*Form to be completed by project leader*

***MID TERM Research/Technology report***

**Report NUMBER:**

**Period covered: from 16/10/2017 until 15/06/2018 (DD/MM/YY)**

Please note that this a comprehensive Mid-term(8 months) research/technology report which should include all information submitted with your preceding research/technology reports. The **scanned report with signatures** shall be sent to the following e-mail address: [ured@ukf.hr](mailto:ured@ukf.hr). When sending the reports to the UKF, please use the option “Request a read receipt for this message”. The delivery receipt is the confirmation that your report has been submitted. **Please do not send this report by registered mail.**

1. **Project info**
2. Project title:

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1. Name of the Project leader and Co-leader:

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1. Duration of the project (months) and type of the grant:

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1. Administrative Organization (full name, address, and contact person details):

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1. Other organizations involved (full name, address, web address and contact person details):

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1. Project website:

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1. **Work plan and timetable of the project**

a) Milestones

***please describe milestones realized; if not all the milestones are realized according to those stated in the project proposal please explain why and what actions have been taken to resolve problems encountered (use Tahoma 11, max 1500 words, add word count)***

Word count:

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b) Key performance indicators (quantitative development towards key project goals – quarterly achievements)

***please show KPI cumulatively, i.e. always add KPI from previous period to new period. e.g. if your KPI in 1st 8 months is 3 in vivo experiments, in 2nd half-year another 6 in vivo experiments, your KPI in 2nd half-year is 9.***

***please list all KPI planned in the project proposal and insert KPI planned and realized***

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| Key performance indicator \* | 1st part of the project  (first 8 months) \* | | 2nd  part of the project  (last 7 months) |
|  | *planned* | realized |  |
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***\**** *Please list in the table all KPIs planned for the whole duration of the project according to the project proposal, with values planned and realized at Midterm.*

***if not all the KPI are realized according to the KPI table in the project proposal please explain why not and what actions have been taken to resolve problems encountered (use Tahoma 11, max 1000 words, add word count)***

Word count:

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c) Equipment and Travel costs

***please state if all equipment was procured as planned; list activities performed which are related to travel costs (purpose/name of the researcher) etc (use Tahoma 11, max 1000 words, add word count)***

Word count:

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1. **Composition of the research group and partnership**
2. ***please state if all the personnel listed in the project proposal is engaged on project according to the plan; are there any problems encountered in relation with composition of research group; if yes what actions have been taken to resolve these problems (use Tahoma 11, max 500 words, add word count)***

Word count:

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1. ***please state if the cooperation with other organization is going according to the plan; are there any problems encountered; if yes what actions have been taken to resolve these problems (use Tahoma 11, max 500 words, add word count)***

Word count:

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1. **Any other comment in relation with scientific/technological aspect of your project (not mandatory to fill in) *(use Tahoma 11, max 500 words, add word count)***

Word count:

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1. **Financial report description (please state if/where applicable)**
   * 1. ***please give the reasons and explanation if the project has spent substantially less UKF funds than planned in the 1st part of the Project***

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* + 1. ***please give the reasons and explanation if the project has spent substantially less matching funds than planned in the 1st part of the Project***

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* + 1. ***how will you spend the funds that are still remained unspent from the 1st project installment (on which activities and in what time frame) ?***

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**Name of the Project Leader/ Co-leader**

**Signature (s)**

**Date**

**Name of responsible person from the Administering Organization**

**Signature**

**Date**

**Administering Organization Stamp**