**Annual report for SNS NordForNet**

Submit the annual report to [sns@slu.se](mailto:sns@slu.se) by 24:00 CET, 1st of March at the latest.

The report should not exceed 2000 words (including words in the template).

Please adjust the box size according to the length of your answer.

|  |  |
| --- | --- |
| 1. Project title: |  |
| 2. Reporting year: |  |

|  |  |
| --- | --- |
| 3. Project coordinator: |  |
| Email: |  |
| Address: |  |

**Activity report**

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| 4. Project status   1. Does the project develop according to the plan? 2. Describe the activities during the reporting year 3. List the delivered key figures for the reporting year (e.g. number of meetings, seminars, conferences, publications, policy briefs etc.) |
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| 5. List the published outputs during the reporting year (peer-reviewed articles, other publications): |
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| 6. List other practical outputs during the reporting year (websites, policy recommendations, conferences, scientific meetings, large-scale project applications, research training etc.) |
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| 7. Provide an updated activity plan, stating the planned activities for the coming year (March-March) |
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**Economic report**

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| 8. Received grant from SNS for the reporting year (SEK): |
|  |

**9. Transfer of SNS funds to project partners**

|  |  |  |
| --- | --- | --- |
| Country | Partner/organisation | Sum (SEK) |
| Denmark |  |  |
| Finland |  |  |
| Sweden |  |  |
| Norway |  |  |
| Iceland |  |  |
| Other countries (specify) |  |  |
| **Total SUM** |  |  |

**10. Costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **in SEK** | **SNS funding** | **Co-financing** | | **Total** |
| Cash | In-kind |  |
| Travel and accommodation |  |  |  |  |
| Meeting costs |  |  |  |  |
| Communication |  |  |  |  |
| Salary and OH |  |  |  |  |
| Other costs (specify) |  |  |  |  |
| **Total SUM (SEK)** |  |  |  |  |

|  |
| --- |
| Optional: Comments to the economic overview: |
|  |

**I hereby declare that the above statements are true to the best of my knowledge**

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| Signature of the main applicant/project coordinator |
| ------------------------------------------- ------------------------------------------- -------------------------------------  Signature Organisation Date  --------------------------------------------  Printed name |

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| --- |
| Signature of the head at the department of the main applicant |
| ------------------------------------------- ------------------------------------------- -------------------------------------  Signature Organisation Date  --------------------------------------------  Printed name |

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| Second applicant’s signature, place and date |
| ------------------------------------------- ------------------------------------------- -------------------------------------  Signature Organisation Date  --------------------------------------------  Printed name |

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| Third applicant’s signature, place and date |
| ------------------------------------------- ------------------------------------------- -------------------------------------  Signature Organisation Date  --------------------------------------------  Printed name |

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| Fourth applicant’s signature, place and date |
| ------------------------------------------- ------------------------------------------- -------------------------------------  Signature Organisation Date  --------------------------------------------  Printed name |

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| Fifth applicant’s signature, place and date |
| ------------------------------------------- ------------------------------------------- -------------------------------------  Signature Organisation Date  --------------------------------------------  Printed name |