

Annex VI - Financial Statement

Model of Financial Statement (to be filled in by each beneficiary)

Project Nb	SI2.488704
Project Acronym	CompLeap
Period from :	1.12.2018
to :	30.11.2019

Beneficiary Legal Name	The Finnish National Agency for Education / Opetushallitus		
Beneficiary Short Name	EDUFI	Beneficiary Nb	27697901
If flat-rate for indirect costs, specify %	7 %		

1- Declaration of eligible costs (in €)

	This period	Adjustments	TOTAL
Personnel costs	201 373,13 €		201 373,13 €
Subcontracting	366 965,01 €		366 965,01 €
Other specific direct costs	49 832,82 €		49 832,82 €
Indirect costs	43 271,97 €	0	43 271,97 €
Total	661 442,93 €	0	661 442,93 €
Maximum Community contribution			463 010,05 €
Requested Community contribution			463 010,05 €

2- Declaration of receipts

Did you receive any financial transfers or contributions in kind, free of charge from third parties or did the project generate any income which could be considered a receipt according to Art.II.25.3 of the grant agreement ?

No

If yes, please mention the amount (in €)

3 - Certificate on the financial statements

Is there a certificate on the financial statements provided by an independent auditor attached to this financial statement according to Art.I.4 ?

Yes

Name of the auditor	Jarkko Westman, BDO	Cost of the certificate (in €)	2 500,00 €
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5- Beneficiary's declaration on its honour

We declare on our honour that:

- the costs declared above are directly related to the resources used to attain the objectives of the project and fall within the definition of eligible costs specified in Articles II.19, II.20 and II.21 of the *grant agreement* ;

- the receipts declared above are the only income generated by the project which could be considered as receipts according to Art. II.25 of the *grant agreement*;

- there is full supporting documentation to justify the information hereby declared. It will be made available at the request of the *Commission* and in the event of an audit by the *Commission* and/or by the Court of Auditors and/or their authorised representatives.

Beneficiary's Stamp (if applicable)	Name of the Person(s) authorised to sign this Financial Statement
	Marita Sipola
	Date & Signature