## Form C - Model of Financial Statement per Activity for Marie Curie actions **Multicontractor version**

(to be completed by each contractor)

| Type of instrument         | Marie Curie | Type of Action (if necessary) |  |
|----------------------------|-------------|-------------------------------|--|
| Project Title (or Acronym) |             | Contract n°                   |  |
| Contractor's Legal Name    |             |                               |  |
| Legal Type                 |             |                               |  |
| Contact Person             |             | Telephone                     |  |
| Теlесору                   |             | E-mail                        |  |
| Period from                |             | То                            |  |

| <u>1- Resources (Third party(ies))</u>  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Are there any resources made available on the basis of a prior agreement with third parties identified in Annex I of the contract? (Yes / No) |  |  |  |  |  |  |  |
| If Yes, please provide the following information  |  |  |  |  |  |  |  |
| Third Party 1 (Y1) Legal Name   |  |  |  |  |  |  |  |
| Third Party 2 (Y2) Legal Name   |  |  |  |  |  |  |  |
| Third Party 3 (Y3) Legal Name   |  |  |  |  |  |  |  |
| Third Party 4 (Y4) Legal Name   |  |  |  |  |  |  |  |
| If necessary add another Form C   |  |  |  |  |  |  |  |

If necessary add another Form C.

<u>2- Declaration of eligible costs</u> (in €) Please complete only the activities covered by the relevant type of action indicated above and as mentioned in the contract. The costs declared should distinguish between direct and indirect costs.

If necessary, adjustments to previous period(s) may be included where appropriate.

|   | Activities carried out by the researchers |                  |            |                  |            |                  |                    |                  |   |                  | Activities of the host                         |                  |                                       |                  |                                     |                  |            |                  |
|---|---|------------------|------------|------------------|------------|------------------|--------------------|------------------|---|------------------|--|------------------|---------------------------------------|------------------|-------------------------------------|------------------|------------|------------------|
|   | - ivina                                   |                  | Travel     |                  | Mobility   |                  | Career Exploratory |                  | Participation of the eligible researchers |                  | Research Training/<br>transfer of<br>knowledge |                  | Management and<br>Audit certification |                  | Other Types of<br>eligible expenses |                  | Total      |                  |
|   | Contractor                                | Third Party(ies) | Contractor | Third Party(ies) | Contractor | Third Party(ies) | Contractor         | Third Party(ies) | Contractor                                | Third Party(ies) | Contractor                                     | Third Party(ies) | Contractor                            | Third Party(ies) | Contractor                          | Third Party(ies) | Contractor | Third Party(ies) |
| Direct costs                            |   |                  |            |                  |            |                  |                    |                  |   |                  |  |                  |                                       |                  |                                     |                  |            |                  |
| Of which subcontracting                 |   |                  |            |                  |            |                  |                    |                  |   |                  |  |                  |                                       |                  |                                     |                  |            |                  |
| Indirect<br>costs                       |   |                  |            |                  |            |                  |                    |                  |   |                  |  |                  |                                       |                  |                                     |                  |            |                  |
| Adjustments to<br>previous<br>period(s) |   |                  |            |                  |            |                  |                    |                  |   |                  |  |                  |                                       |                  |                                     |                  |            |                  |
| Total costs                             |   |                  |            |                  |            |                  |                    |                  |   |                  |  |                  |                                       |                  |                                     |                  |            |                  |

## 3- Declaration of receipts (in €)

Please complete only the activity covered by the relevant type of action indicated above and as mentioned in Article II.21 of the contract.

| ļ | A          | Activities carried out by the researchers |            |                  |            |                  |                    | s                | -          |                      | Activi     | ties of          | the h      | ost                 |                |                  |            |                  |
|---|------------|---|------------|------------------|------------|------------------|--------------------|------------------|------------|----------------------|------------|------------------|------------|---------------------|----------------|------------------|------------|------------------|
|   | l iving    |   | 1 <b>-</b> | Iravei           |            | Mobility         | Caroor Evoloratory |                  |            | eligible researchers | Γra<br>    | knowledge        | gement al  | Audit certification | Other Tynes of |                  | Total      | I Utal           |
|   | Contractor | Third Party(ies)                          | Contractor | Third Party(ies) | Contractor | Third Party(ies) | Contractor         | Third Party(ies) | Contractor | Third Party(ies)     | Contractor | Third Party(ies) | Contractor | Third Party(ies)    | Contractor     | Third Party(ies) | Contractor | Third Party(ies) |
|   |            |   |            |                  |            |                  |                    |                  |            |                      |            |                  |            | · ·                 |                | · ·              |            |                  |

# 4- Declaration of interest generated by the pre-financing (in €)

To be completed only by the coordinator.

Did the pre-financing (advance) you received by the Commission for this period earn interest? (Yes / No)

If yes, please indicate the amount (in €)

Total receipts

# 5- Request of FP6 Financial contribution (in €)

For this period, the FP6 Community financial contribution requested is equal to (amount in €)

| Contribution (€) | Living | Travel | Mobility | Career Exploratory | Participation of the<br>eligible researchers | Research Training/<br>transfer of<br>knowledge | Management and<br>Audit certification | Other Types of<br>eligible expenses | Total |
|------------------|--------|--------|----------|--------------------|--|--|---------------------------------------|-------------------------------------|-------|
| direct costs     |        |        |          |                    |  |  |                                       |                                     |       |
| indirect costs   |        |        |          |                    |  |  |                                       |                                     |       |
|                  |        |        |          |                    |  |  |                                       |                                     |       |

## 6- Audit certificates

| According to the contract, does  | s this Financial Statement need a  | an audit certificate (or several in | case of Third |  |  |  |  |  |
|--|--|-------------------------------------|---------------|--|--|--|--|--|
| party(ies)) delivered by independent auditor(s)? (Yes / No)                                    |  |                                     |               |  |  |  |  |  |
| If Yes, does this(those) audit cert  | If Yes, does this(those) audit certificate(s) cover only this Financial Statement per Activity? (Yes / No) |                                     |               |  |  |  |  |  |
| If No, what are the periods cover  | If No, what are the periods covered by this(those) audit certificate(s) ? From – To                        |                                     |               |  |  |  |  |  |
| What is the total cost of this(those) audit certificate(s) (in €) per independent auditor(s) ? |  |                                     |               |  |  |  |  |  |
|  | Audit certificate of the contractor (X)  |                                     |               |  |  |  |  |  |
| Legal name of the audit firm   | Legal name of the audit firm Cost of the certificate   |                                     |               |  |  |  |  |  |
|  | Audit certificate(s) of the third party(ies) (Ys) (if necessary)   |                                     |               |  |  |  |  |  |
| Y1 : Legal name of the audit firm  |  | Cost of the certificate             |               |  |  |  |  |  |
| Y2 : Legal name of the audit firm  |  | Cost of the certificate             |               |  |  |  |  |  |
| Y3 : Legal name of the audit firm  |  | Cost of the certificate             |               |  |  |  |  |  |
| Y4 : Legal name of the audit firm  |  | Cost of the certificate             |               |  |  |  |  |  |
| If necessary add another Form C.   |  | Total (Z) = (X) + (Ys)              |               |  |  |  |  |  |
| Reminders:   |  |                                     |               |  |  |  |  |  |
| Reminders'   |  |                                     |               |  |  |  |  |  |

The cost of an audit certificate is included in the costs declared under the activity "Management of the consortium". The required audit certificate(s) is(are) attached to this Financial Statement.

### 7- Conversion rates

Costs incurred in currencies other than EURO shall be reported in EURO.

Please mention the conversion rate used (only one choice is possible) – Please note that the same principle applies for receipts.

| Contractor   |  |
|--|--|
| - Conversion rate of the date of incurred actual costs? (YES / NO)   |  |
| - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) |  |
| Third Party(ies) (if necessary)  |  |
| Third Party 1 (Y1)   |  |
| - Conversion rate of the date of incurred actual costs? (YES / NO)   |  |
| - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) |  |
| Third Party 2 (Y2)   |  |
| - Conversion rate of the date of incurred actual costs? (YES / NO)   |  |
| - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) |  |
| Third Party 3 (Y3)   |  |
| - Conversion rate of the date of incurred actual costs? (YES / NO)   |  |
| - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) |  |
| Third Party 4 (Y4)   |  |
| - Conversion rate of the date of incurred actual costs? (YES / NO)   |  |
| - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) |  |
|  |  |

If necessary add another Form C.

### 8- Contractor's Certificate

We certify that:

- the costs declared above are directly related to the resources used to reach the objectives of the project ;

- the receipts declared above are directly related to the resources used to reach the objectives of the project ;

- the costs declared above fall within the definition of eligible costs specified in Articles II.18, II.19, II.20 of the contract, and, if relevant, in Annex III and Article 9 (special clauses) of the contract ;

- the receipts declared above fall within the definition of receipts specified in Article II.21 of the contract ;

- the interest generated by the pre-financing declared above falls within the definition of Article II.24 of the contract ;

- the necessary adjustments, especially to costs reported in previous Financial Statement(s) per Activity, have been incorporated in the above Statement ;

- the above information declared is complete and true ;

- 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.

| Contractor's Stamp | Name of the Person responsible<br>for the work | Name of the duly authorised<br>Financial Officer |
|--------------------|--|--|
|                    |  |  |
|                    | Date   | Date   |
|                    |  |  |
|                    | Signature                                      | Signature  |
|                    |  |  |
|                    |  |  |