**Croatian Science Foundation**

Tenure Track Pilot Program

DESCRIPTIVE REPORT FORM (A)

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| *\*Before completing the form, please read the Project Implementation Guidelines for Principal Investigators available at the HRZZ website* |

Project number:

Total funds awarded by the HRZZ:

Principal Investigator:

Host Organisation:

Head of Host Organisation:

Project title:

Project acronym:

Scientific area:

Scientific field:

Link to the Project website:

Program and Call identifier: TTP-2018-07

Project duration (in months):

Period for which the report is being submitted (indicate with X):

1-12 \_\_\_ 13-24 \_\_\_ 25-36 \_\_\_ 37-48 \_\_\_ 49-60 \_\_\_

Reporting period (dates): DD/MM/YYYY to DD/MM/YYYY

Research team members:

|  |
| --- |
| **1. SUMMARY OF PROJECT IN THE REPORTING PERIOD (max. 1,800 characters, including spaces)** |

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| --- |
| *Describe the accomplished Deliverables and Milestones in the reporting period.* |

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| **2. PROJECT IMPLEMENTATION**  |

*2.1. Explain any deviations from the realization of the Work Plan.*

|  |  |
| --- | --- |
| Deviations from the Work Plan | Explanation |
|  |  |

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| **3. RESEARCH GROUP** |

*3.1. Please explain changes, if any, to the composition of the research group (expansion or reduction of team members) and the roles of individual members within the contracted role.*

|  |  |  |
| --- | --- | --- |
| **Name of excluded research group member** | Role within Project | Activities |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of included research group member** | Role within Project | Activities |
|  |  |  |

***JEK***

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| **4. PROJECT COLLABORATION** |

*4.1. List the organizations with which collaboration has been established as part of Project implementation.*

|  |  |
| --- | --- |
| Organization | Type of collaboration |
|  |  |

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| **5. OTHER** |

*5.1. State the possible risks to the realization of the Work Plan in the following period and what is intended to be done for eliminating those risks.*

|  |  |
| --- | --- |
| Possible risks to the realization of the Work Plan | Action to be undertaken |
|  |  |

***TN*2.**

*5.2. List any other issues you consider relevant for Project implementation in the reporting period.*

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| **6. SIGNATURES** |

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| --- | --- |
| Date and place: |  |
|  |
| Head of Host Organisation: |  | Principal Investigator: |
| Title, name and surname |  | Title, name and surname |
|  | M.P. |  |
| (signature) | (signature) |

Note:

*Persons submitting this report hereby declare that they are familiar with the applicable regulations on the award of HRZZ’s funds and shall consent, in case the competent body of HRZZ in charge of funds recovery establishes that the Principal Investigator has been using the funds in violation of those regulations and orders their return, to return the total funds declared inadmissible in the official decision. The persons submitting this report declare that the information presented in the periodic report is accurate, which they confirm by their signature.*