**Croatian Science Foundation**

Tenure Track Pilot Program

EXCEPTIONAL REPORT FORM

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

Project number:

Funds awarded for the reporting period:

Principal Investigator:

Host Organisation:

Head of Host Organisation:

Project title:

Project acronym:

Scientific area:

Scientific field:

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:

*Please list the comments indicated by the evaluators in the Periodic Report Evaluation Form, state whether the comments have been taken into account and describe in what manner in the section “Description of achieved results in line with the evaluators’ comments”.*

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| **Evaluators' comments:****1.****2.****3.****...** |

**Have the evaluators' comments been taken into account?**

☐ Yes ☐ No

|  |
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| **Description of achieved results in line with the evaluators’ comments:****1.****2.****3.****...** |

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| **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.*