**FIRST YEAR FINANCIAL REPORT**

**DUE DATE: February 28, 2024**

Please use the enclosed form to provide a financial statement for the period:

**January 1, 2023 – December 31, 2023**

**1. FINANCIAL REPORT OVERVIEW**

The "amount budgeted" column must be identical to **the year one budget** presented in the original application, or, if subsequent revisions of the budget were approved, the revised budget.

Note that the movement of less than € 2,000 between budget categories does not require prior approval by the Alzheimer Forschung Initiative e. V. (AFI). However, such a change must be shown in the "amount budgeted" column as if it were an approved revision. Show expenditures by category. Supporting documents must be made available to AFI on request. (See 3.)

No-cost extension of the grant period

If any remaining balance is still available at the end of the project, you must either reimburse the balance or request in writing a no-cost extension of the grant period. It is possible to extend the project for a maximum of 6 months at no extra cost. The official request for approval must be sent to Katinka Poll to forschung@alzheimer-forschung.de.

**2. DETAILED BUDGET JUSTIFICATION**

Please list all items above € 100 for the different budget categories shown in the financial report overview (1). Please name the recipients of salaries; the nature of products and their prices. The Financial Report also includes all documentary evidence (SAP / MACH documents) in the form of certified line item statements from the third-party funds department.

**3. REVISED BUDGET (if applicable)**

The transfer of more than € 2,000 between categories requires the approval of the Alzheimer Forschung Initiative e. V. Please send an official request with justification to Katinka Poll to forschung@alzheimer-forschung.de

**Please return the completed and signed statement**

**February 28, 2024 latest to:**

**Alzheimer Forschung Initiative e. V.**

Pia Ellissen

forschung@alzheimer-forschung.de

**1. FINANCIAL REPORT OVERVIEW**

|  |  |  |
| --- | --- | --- |
| **BUDGET CATEGORY** | **AMOUNT** **BUDGETED (€)** | **ACTUAL EXPENDITURE (€)** |
|  |  |  |
| **1. Salaries** |  |  |
|  |  |  |
| **2. Supplies:** |  |  |
|  |  |  |
| **3. Equipment:** |  |  |
|  |  |  |
| **4. Contractual Services:** |  |  |
|  |  |  |
| **5. Travel:** |  |  |
|  |  |  |
| **6. Other**: |  |  |
|  |  |  |
| TOTAL GRANT AMOUNT: |  |  |
| TOTAL EXPENDITURES TO DATE: |  |  |
| BALANCE REMAINING: |  |  |

|  |
| --- |
| **CERTIFICATION BY PRINCIPAL INVESTIGATOR:**I hereby certify that the above information is an accurate accounting of expenditures on this grant. |
| Signature:  | Date: |

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| **CERTIFICATION BY FINANCIAL OFFICER:**I hereby certify that the above information is an accurate accounting of expenditures on this grant. |
| Name: | Title: |
| Signature: | Date: |

**2. BUDGET JUSTIFICATION**

Please list all items above € 100 for the different budget categories shown in the financial report overview. Please name the recipients of salaries; the nature of products and their prices. The Financial Report also includes all documentary evidence (SAP / MACH documents) in the form of certified line item statements from the third-party funds department.

|  |  |  |
| --- | --- | --- |
| **BUDGET CATEGORY/****Specification** | **Amount** | **Price (€)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3. REVISED BUDGET (if applicable)**

For significant changes in the project budget since submission of the application, please provide a revised budget. Provide justification for the transfer of amounts greater than € 2,000 between categories.