**The Scottish Inward Investment Catalyst Fund – Interim Report**

**Please complete the interim report and return to:** [**applications@interface-online.org.uk**](mailto:applications@interface-online.org.uk)

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| **Partner** | **Project Leads & Contact Details** |
| Company Name:  Website:  Country in which HQ is based: | Company Lead:  Email:  Phone number: |
| Academic Institution:  Department: | Academic Lead:  Email:  Phone number:  Commercial / KE Contact: |
| **Project Title** | |
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**Status Report – Achievements so far**

Please provide a summary of what has been achieved to date.

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| **Person Responsible** | **Description of Activity/Resources/consumables etc.** | **Description of Outcome: Milestones / Deliverables** | **Next steps** |
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**Status Report – Still to be achieved**

Please provide a summary of the work that is still underway

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| **Person Responsible** | **Description of Activity/Resources/consumables etc.** | **Description of Outcome: Milestones / Deliverables** | **Next steps** |
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| **Has the project encountered any issues so far? Mitigations in place to resolve / progress project to completion** |
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**The Scottish Inward Investment Catalyst Fund – Final Report**

**Please complete the final report form return to:** [**applications@interface-online.org.uk**](mailto:applications@interface-online.org.uk)

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| **Partner** | **Project Leads & Contact Details** |
| Company Name:  Website:  Country in which HQ is based: | Company Lead:  Email:  Phone number: |
| Academic Institution:  Department: | Academic Lead:  Email:  Phone number:  Commercial / KE Contact: |
| **Project Title** | |
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| IMPACT ON THE COMPANY | Delivered as a result of this project | Forecast for next 3 years as a result of this project |
| --- | --- | --- |
| Was the agreed project delivered as per original milestones and plan, by the interim | Choose an item. | N/A |
| Was/will there be a product created/improved? | Number: | Number: |
| Was/will there be a process created/improved? | Number: | Number: |
| Was/will there be a service created/improved? | Number: | Number: |
| Was/will there be a workforce practice/expertise developed/improved? | Choose an item. | Choose an item. |
| How many existing jobs have been/will be safeguarded? | Number: | Number: |
| How many new jobs have been/will be created as a result of the project? | Number: | Number: |
| Do you expect your company’s turnover to increase as a result of the project? | Choose an item. | Choose an item. |
| Please state your anticipated turnover in 3 years’ time | £ | £ |
| Has this project resulted in cost efficiency savings)e.g. reduced cost per unit) | Choose an item. | Choose an item. |
| **As a result of the project will you be in a position to:** |  |  |
| Set up new operations in Scotland | Choose an item. |  |
| Expand operations in Scotland | Choose an item. |  |
| Expand to additional International Markets | Choose an item. |  |

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| Please provide a short summary of your experience on this project |
| **Company:** |
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| **Lead Partner**: |
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| BEYOND THE PROJECT | |
| Will you continue to work with the current lead partner beyond this project? i.e. explore further activity? | **Choose an item.** |
| Would you be interested in working with another Scottish University? | **Choose an item.** |

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| If you answered yes to the above questions, please explain further here; |

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| **What does the company intend to do next to implement the results of this project?** |
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| **Describe in what capacity the lead partner and company intend to continue working together.** |
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| **DECLARATION TO BE SIGNED BY THE COMPANY** |

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| Name of Authorised Officer |  |
| Signature (*ink signature not typed)* |  |
| Company Name |  |
| Date |  |

**FINANCIAL REPORT**

**This Section should be completed by the Lead Partner (University or FE). You will be provided with a Purchase Order number which should be referenced on your final invoice.**

**Invoices should be addressed to the following:**

**Systems and Finance Team**

**Interface**

**c/o Edinburgh Innovations Ltd**

**1st Floor Murchison House,**

**King’s Buildings,**

**10 Max Born Crescent**

**Edinburgh, EH9 3B**

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| **Academic Partner – Staff Costs** |
| Please indicate the name of the academic, activities, number of days spent on the project and the value being claimed. Please note that a maximum of 7 hours per day Monday to Friday can be claimed. |

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| Date mm/yy | Description of Activity (A brief description is adequate) | Proposed Outcome: Milestone/deliverable (What was proposed in application) | Actual Outcome: Milestone/deliver-able (What was achieved) | No. Of Days | Value  (£) |
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| **Academic Partner : Other Associated Costs** |
| Detail any other costs incurred in relation to the project. This may be for materials or travel etc. Please do not claim for any items which are exempt such as software (refer to the [FAQ’s](https://interface-online.org.uk/how-we-can-help/funding/advanced-innovation-vouchers) for a full list). You may need to provide evidence of such costs therefore a receipt or invoice should be kept by the lead partner in accordance with their own internal audit process. |

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| Date mm/yy | Description | Supplier/Activity | Value (£) |
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| CONFIRMATION OF TOTAL GRANT FUNDS BEING CLAIMED |
| This is the total cost being claimed and should not include in-kind costs from either partner. It should not exceed the original approved grant award in the original application |

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| **GRAND TOTAL:** | **£** |

**PLEASE SEND THE COMPLETED DOCUMENT TO** [**applications@interface-online.org.uk**](mailto:applications@interface-online.org.uk)