

Annex 8 - Evaluation report

Region and Responsible Project Partner:	<i>From the list of partners (Region & Name of Responsible Project Partners)</i>
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A total of _____ applications were received. After evaluation, _____ applications (ranked list & reserve list) could receive funding for a total amount of _____ EUR.

Applications will be evaluated accordingly to **Article 9.2 Evaluation Criteria:**

1. Excellence.
2. Impact.
3. Capability.

An individual evaluation was made for each application with comments and scores for each criterion.

If needed, a description of abnormalities during the review, evaluation and ranking process can be done here.

Information on the outcome of the evaluation on local applications:

	Number of applications	Funding required
Applications received		
Review		
Eligible applications		
Application rejected		
Evaluation		
Applications above threshold		
Selected (ranked) applications		
Reserve list applications		
Application rejected		

The evaluation forms contain remarks on the individual evaluation of applications.

Selected (Ranked) List

The applications that passed the thresholds were ranked according to the results of the evaluation. Award of the grant will be made on the basis of this ranking, and the available budget. In this phase, this is not a commitment that the applications will be funded.

Rank	Application Number	Name of the Organization	VAT number	Project Acronym	Title of the project	Score	Requested Cost of Service (€)	Approved Cost of Service (€)	Observations

Reserve List

A number of applications will be kept in reserve in case of extra funding becomes available.

Rank	Application Number	Name of the Organization	VAT number	Project Acronym	Title of the project	Score	Requested Cost of Service (€)	Approved Cost of Service (€)	Observations

Rejection of applications

The following table shows the applications that did not pass the established thresholds.

Rank	Application Number	Name of the Organization	VAT number	Project Acronym	Title of the project	Score	Reasons for Rejection

Prepared by (Local Innovation Committee) - name	
Signature	<i>(electronic signature if possible, or a scanned signed copy)</i>
Accepted by Chairperson - name	
Signature	<i>(electronic signature if possible, or a scanned signed copy)</i>
Position	
Organization	
Date	