



Final Report

LGBTQI+ Organisation submitting the case	
Case number/ID	
Date of evaluation report	
Duration of the support	
Amount of funds spent	
Summary of actions undertaken with the provided grant:	
Situation of the beneficiary at conclusion of the assistance:	
Service Provider CSO Reference Person	
Name and Surname	
Date	
Signature	
Crisis Task Team Chairperson	
Name and Surname	
Date	
Signature	