FIRST LEVEL CONTROL REPORT

Template

Version N° 3 of 3rd of October 2019

**Section 1 – Information about the Beneficiary**

* 1. **Project and Partner report**

|  |  |
| --- | --- |
| Project title |  |
| Project acronym |  |
| Project ID number |  |
| Reporting Period | *(DD.MM.YYYY – DD.MM.YYYY)* |
| Report number | *N.1,2,3…* |
| Name of Lead partner |  |

* 1. **Beneficiary**

|  |  |
| --- | --- |
| Name of controlled beneficiary |  |
| Beneficiary’s role in the project  *(lead partner/project partner)* |  |
| Contact person  *(name and email address)* |  |
| Project partner number *(except LP)* |  |

* 1. **Designated Project Partner Controller**

|  |  |
| --- | --- |
| FLC body responsible for the verification (centralized control system) |  |
| FLC organization doing the verification (de-centralized control system) |  |
| Name of the controller |  |
| Division/Unit/Department |  |
| Address |  |
| Country |  |
| Telephone number |  |
| Email |  |

* 1. **Verification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General methodology (allowing 2 ticks) | *Desk based* | *On-the-spot* | | *Other* |
| If other please describe | *Method used for the verification* | | | |
| (If on-the-spot) Date(s) of on-the-spot verification | *DD.MM.YYYY - DD.MM.YYYY* | | | |
| (If on-the-spot) Location of on-the-spot verification | *premises of project partner* | *project event/meeting* | | *place of physical project output* |
| Sampling was applied | *Yes* | | *No* | |
| (if yes) Sampling method used: | *Briefly describe sampling methodology and indicate where a detailed description can be found. Include additional information on the scope and on the percentage checked.* | | | |
| Date of Project Partner Report availability / starting date of FLC verifications. | *DD.MM.YYYY* | | | |
| Start of control work. | *DD.MM.YYYY* | | | |
| Date(s) of requests for clarifications, if applicable | *DD.MM.YYYY* | | | |
| Date of receipt of satisfactory clarifications, if applicable | *DD.MM.YYYY* | | | |
| End of the control work | *DD.MM.YYYY* | | | |
| Risk-based verifications can be added by controller (optional, if the controller deems it necessary) | *Yes* | | *No* | |

* 1. **Expenditure declared and certified by budget line**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Declared (A)**  **(total amount declared)** | **Certified (B)**  **(total amount certified)** | **Difference (C=A-B)**  **(total amount deducted)** | **Certified in % of Declared [B/A]\*100** |
| Preparation costs (automatically certified in SIU) |  |  |  |  |
| Staff costs | *EUR* | *EUR* | *EUR* | *%* |
| Office and administration | *EUR* | *EUR* | *EUR* | *%* |
| Travel and accommodation | *EUR* | *EUR* | *EUR* | *%* |
| External expertise and services | *EUR* | *EUR* | *EUR* | *%* |
| Equipment | *EUR* | *EUR* | *EUR* | *%* |
| Infrastructure and works | *EUR* | *EUR* | *EUR* | *%* |
| Total expenditure (a) | *EUR* | *EUR* | *EUR* | *%* |
| (Net Revenue) (b) | *EUR* | *EUR* | *EUR* | *%* |
| Total eligible expenditure  (a-b) | *EUR* | *EUR* | *EUR* | *%* |

|  |  |  |
| --- | --- | --- |
| Part of the expenditure was incurred outside the Programme area | *Yes* | *No* |
| (if yes) How much was certified? | *EUR* | |

* 1. **Description of findings, observations and limitations; Conclusions and recommendations; Follow-up measures for the next progress report**

|  |  |  |
| --- | --- | --- |
| General | n.a. |  |
| Staff Cost | n.a. |  |
| Office and administration | n.a. |  |
| Travel and accommodation | n.a. |  |
| External expertise and services | n.a. |  |
| Equipment | n.a. |  |
| Infrastructure and works | n.a. |  |

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| **Conclusion, recommendations and follow-up measures (including on-the spot verification details, if applicable).** |
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| **Purpose of the Control, Responsibilities, Legal Basis and Methodology** |
| **Purpose of the control report and addressees** |
| *We performed a verification of the above mentioned report. We prepared this independent first level control report in order to provide the project partner with information on the control work carried out by us, the errors detected, the conclusions drawn and the recommendations and follow-up measures identified. This control report refers solely to the partner report identified above and does not constitute a confirmation of the controlled entity’s other statements and accounts.* |
| *This control report is primarily for the attention of the controlled lead partner/project partner.*  *It will furthermore be made available to the managing authority, the joint secretariat of the programme and managing authority, as well as authorised third parties such as the audit authority and the European Commission upon request.* |
| **Responsibility of the Project Partner** |
| *The lead partner / project partner is responsible for the preparation of the partner report in accordance with the reporting provisions outlined in the subsidy contract.*  *The lead partner / project partner is furthermore responsible for executing internal control in order to enable the preparation of partner reports that are free from material misstatement, including those due to fraud or error.* |
| **Responsibility of the Lead Partner** |
| *Responsibilities of the Lead Partner are outlined in Article 13 of Reg. (EU) No 1299/2013.* |
| **Responsibility of the Managing Authority/Joint Secretariat** |
| *MA/JS carry out the functions according to Article 125 of (EU) No 1303/2013 and Article 23 of (EU) No 1299/2013. The MA/JS take the responsibility for monitoring overall project progress.* |
| **Responsibility of First Level Control** |
| *FLC is responsible for verifying expenditure declared in the partner report based on the verifications carried out according to Article 23 of (EU) No 1299/2013.* |
| **Legal basis and guidelines** |
| *Reg. (EU) No 1303/2013 ; Reg. (EU) No 1301/2013; Reg. (EU) No 1299/2013*  *Commission Delegated Regulations (EU) No 481/2014, (EU) No 480/2014, Reg. (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, Commission Decision (EU) N. 2018/1520.*  *Guidance document on management verifications to be carried out by Member States on operations co-financed by the Structural Funds, the Cohesion Fund and the EMFF for the 2014-2020 programming period*  *Operational Programme*  *Programme Manual*  *FLC manuals* |

|  |  |
| --- | --- |
| **Controller’s signature** | |
| Location |  |
| Date |  |
| Name |  |
| Signature |  |
| Official stamp of the institution (if applicable) |  |