**First Level Controller**

**On-the-spot Checklist**

Version 22/10/2020

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| **Project**  |
| ETC Programme | **France (Channel) England Programme** |
| Project title |  |
| Project acronym |  |
| Project number  |  |
| Name of Lead Partner (if different from controlled entity) |  |
| Start date of the project | **DD.MM.YYYY** |
| End date of the project | **DD.MM.YYYY** |

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| **Project Partner** |
| Name of controlled Project Partner |  |
| Partner role in the project  | *(Lead Partner, Project Partner)* |

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| **Options for calculating staff costs** |
| Staff costs calculated as 20 % flat rate of direct costs other than staff costs | [ ]  Yes | [ ]  No |  |
| Staff costs calculated on a real cost basis | [ ]  Yes | [ ]  No |  |

**Partner Information**

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| **Accounting System** |
| The Project Partner uses for accounting purposes  | [ ]  a separate accounting system | [ ]  an adequate accounting code |
| Double-financing is excluded by: | *e.g., invoices are stamped, marked; on-the-spot inspection of originals, etc. (Pre-filled from previous report and updated if changed)* |

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| **VAT** |
| The partner has the right to recover VAT. *Please provide comments if ‘partially’ is ticked.*  | yes[ ]  | partially[ ]  | no[ ]  | *Comment if partially* |

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| **Bank Account** |
| The correct IBAN and BIC is communicated to the Lead Partner and the account belongs to the Project Partner. | [ ]  Yes | [ ]  No | comment |

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| **Partnership Agreement** |
| The Partnership Agreement is signed by the Project Partner.  | [ ]  Yes | [ ]  No | comment |

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| **Format of documents** |
| Documents were made available to FLC in the following format (tick all that apply) **(multiple selection possible)**  | [ ]  originals | [ ]  copy | [ ]  electronic |

**FLC visit**

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| **Visit**  |
| Date of the visit | *DD.MM.YYYY* |
| Duration of the visit |  |
| Location of the visit |  |
| Type of visit | *Spontaneous* [ ]  | *Planned* [ ]  | *Explain when the visit has been planned, and why if it is spontaneous.* |
| Officer or representative of the partner met during the visit | *Name:* | *Function:* |
| *Name:* | *Function:* |
| *Name:* | *Function:* |

**FLC Checklist**

1. **Archiving**

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| **1.1 Archiving** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Is the partner aware how long it is required to keep all the documents related to the project?*(4 years from the 31st December of the year the last ERDF payment was received* *– 10 years after aid award date in case State Aid is granted )*Specify the date in the comments section | [ ]  | [ ]  | [ ]  |  |
| Is audit trail easily accessible | [ ]  | [ ]  | [ ]  |  |
| Are official files, documents and data about the project retained in a safe and orderly manner, including off-site (e.g. home working)? | [ ]  | [ ]  | [ ]  |  |
| Are there recording procedure specific to the project? | [ ]  | [ ]  | [ ]  |  |
| **1.2 Conformity of documents**  | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Internal procedure for archive supporting documents including electronic copies give sufficient assurance of the conformity of documents. | [ ]  | [ ]  | [ ]  |  |

1. **Project expenses – Sample**

Minmimum requirement for sampling: 2 items per budget line (where relevant) AND minimum of 10% of the total amount already checked.

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| **2.1 Rationale of the sampling** |
| Comments |  |

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| **2.2 Sample of expenditure** |
| BL | eMS ref Nb | Selection Criteria | Information and documents checked (see FLC GN) | Originals match the previously certified expenditure | Comments |
|  |  |  |  | Yes | No | N.A |  |
|  |  | [ ]  Potential Risk (explain)[ ]  Amount[ ]  Budget Line[ ]  Random |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |

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| **2.3 Format of documents** |
| Were documents made available to the FLC in the following format ? (tick all that apply) **(multiple selection possible)**  | [ ]  originals | [ ]  copy | [ ]  electronic |
| Comments |  |

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| General comments, recommendations, points to follow-up; NOTE: deductions (if any) are allocated to the relevant budget lines |  |

1. **Material achievements**

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| **3.1 Material deliverables and outputs** |
| Applicable | [ ]  Yes | [ ]  No |
| Material achievementsplanned in the Application Form | Material achievements mentioned in the previous project report | Material achievements observed during the check (which element proving achievement was checked) | Comments |
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1. **Matchfunding and shared costs**

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| **4.1 Matchfunding** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Is there external contribution in the financial plan of the project? | [ ]  | [ ]  | [ ]  |  |
| Has the external contribution been received? Specify if not (fully). | [ ]  | [ ]  | [ ]  |  |
| Were there other funds received by this partner for the implementation of the project that have not been mentioned in the financial plan of the project? | [ ]  | [ ]  | [ ]  |  |
| Have this complementary funding been mentioned in the project progress report? | [ ]  | [ ]  | [ ]  |  |

1. **European Union publicity**

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| **5.1 List of all the communication documents related to the project** |
| **Type of document** | **Project activity** | E doc | Hardcopy |
|
|  |  | [ ]  | [ ]  |

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| **5.2 Legal requirement** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Is the partner aware of the legal requirements regarding European publicity? | [ ]  | [ ]  | [ ]  |  |
| **Communication documents** | **Yes** | **Not (fully)** | **N.A.** | **Comments** |
| Is there a reference to ERDF (European Regional Development Fund)? | [ ]  | [ ]  | [ ]  |  |
| Is there the Programme logo?  | [ ]  | [ ]  | [ ]  |  |
| *If the previous answer is no* - Is there the EU Flag and reference to the Union? | [ ]  | [ ]  | [ ]  |  |
| Is the EU Flag at least the same size and prominence as other logos? | [ ]  | [ ]  | [ ]  |  |
| **Documents written for the project** (reports, mails for invitation, agenda of the meetings, scientific articles…) | **Yes** | **Not (fully)** | **N.A.** | **Comments** |
| Is there a reference to ERDF (European Regional Development Fund)? | [ ]  | [ ]  | [ ]  |  |
| Is there the Programme logo?  | [ ]  | [ ]  | [ ]  |  |
| *If the previous answer is no* - Is there the EU Flag and reference to the Union? | [ ]  | [ ]  | [ ]  |  |
| Is the EU Flag at least the same size and prominence as other logos? | [ ]  | [ ]  | [ ]  |  |
| **Compulsory Poster** | **Yes** | **Not (fully)** | **N.A.** | **Comments** |
| Is there a poster of the project? | [ ]  | [ ]  | [ ]  |  |
| Does the poster reach the minimum requirement of A3 size? (Please specify the size in the “comments” section) | [ ]  | [ ]  | [ ]  |  |
| Does the poster contain information on the financial support of the FCE Programme?  | [ ]  | [ ]  | [ ]  |  |
| Is the poster visible to the public? | [ ]  | [ ]  | [ ]  |  |
| Is there a reference to ERDF (European Regional Development Fund)? | [ ]  | [ ]  | [ ]  |  |
| Is there the Programme logo?  | [ ]  | [ ]  | [ ]  |  |
| *If the previous answer is no* - Is there the EU Flag and reference to the Union? | [ ]  | [ ]  | [ ]  |  |
| Is the EU Flag at least the same size and prominence as other logos? | [ ]  | [ ]  | [ ]  |  |
| **Events**  | **Yes** | **Not (fully)** | **N.A.** | **Comments** |
| Were the European requirements (EU logo, ERDF…) mentioned on the event documents? | [ ]  | [ ]  | [ ]  |  |
| Was the audience clearly informed that the event was part of a European project partly funded by ERDF? | [ ]  | [ ]  | [ ]  |  |
| **Signs and information boards** (for infrastructure and construction works for which public funding is higher than 500 000 €) | **Yes** | **Not (fully)** | **N.A.** | **Comments** |
| Is there a reference to ERDF (European Regional Development Fund)? | [ ]  | [ ]  | [ ]  |  |
| Is there the Programme logo?  | [ ]  | [ ]  | [ ]  |  |
| *If the previous answer is no* - Is there the EU Flag and reference to the Union? | [ ]  | [ ]  | [ ]  |  |
| Is the EU Flag at least the same size and prominence as other logos? | [ ]  | [ ]  | [ ]  |  |

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| General comments, recommendations, points to follow-up. NOTE: deductions (if any) are allocated to the relevant budget lines |  |

1. **Output indicators**

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| **6.1 List of Indicator (add as many lines as indicator)** | **Achieved** | **Comments** |
| **Yes** | **Not (fully)** | **No** | **Not Yet** |
| **To be filled-in once** *from most recent AF*  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **To be filled-in once** *from most recent AF*  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **To be filled-in once** *from most recent AF* | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **To be filled-in once** *from most recent AF* | [ ]  | [ ]  | [ ]  | [ ]  |  |

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| **6.2 Achievement** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Is there a proof of achievement ? (minutes of meetings, pictures of conferences, leaflets…) | [ ]  | [ ]  | [ ]  |  |
| Are these documents precise enough to complete the project indicators and deliverables as mentioned in the application form? | [ ]  | [ ]  | [ ]  |  |
| When relevant, are there documents listing all the project participants (meetings…)? Specify | [ ]  | [ ]  | [ ]  |  |

1. **Revenue**

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| **7.1 List of revenue planned in the Grant Offer Letter (add as many lines as sources of revenue)** | **Received** | **Comments** |
| **Yes** | **Not (fully)** | **No** | **Not Yet** |
| **To be filled-in once** *from most recent AF* | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **To be filled-in once** *from most recent AF* | [ ]  | [ ]  | [ ]  | [ ]  |  |

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| **7.2 Complementary revenue** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Is there any complementary revenue that has been received, which was not planned in the Grant Offer Letter and not mentioned in the Progress Report? Specify | [ ]  | [ ]  | [ ]  |  |
| Has there been activities that could have generated revenue (artistic performances, conferences, exhibitions, participation fee…)? | [ ]  | [ ]  | [ ]  |  |

1. **Difficulties**

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| **8.1 Difficulties** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Problems faced with the partner checked, during the visit | [ ]  | [ ]  | [ ]  |  |
| Difficulties to access the accounting documents / accounting system | [ ]  | [ ]  | [ ]  |  |
| Difficulties to retrieve the supporting documents | [ ]  | [ ]  | [ ]  |  |
| Difficulties to meet someone in charge of the project and able to answer questions | [ ]  | [ ]  | [ ]  |  |
| Other (please specify) | [ ]  | [ ]  | [ ]  |  |

1. **Visit summary**

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| **9.1 Organisation changes** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Are there legal, financial, technical change in the organisation of this partner that could have an impact on the activities funded through the project? | [ ]  | [ ]  | [ ]  |  |

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| **9.2 Soundness** | **Comments** |
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| Overall comment on the soundness of the project management tools and traceability of the expenses. Please explain. |  |

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| **9.3 Compliance of the project implemented with the project described in the Grant Offer Letter (Application Form):** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| Has the content of the activities changed in comparison with the work plan included in the Application Form (quality change, quantity change)? | [ ]  | [ ]  | [ ]  |  |
| Have the project been implemented differently that as originally planned in the Application Form?Please detail the following items in relation with the initial work plan: | [ ]  | [ ]  | [ ]  |  |
| Planned schedule of the project | [ ]  | [ ]  | [ ]  |  |
| Locations of the actions | [ ]  | [ ]  | [ ]  |  |
| Selection criteria for the participants | [ ]  | [ ]  | [ ]  |  |
| Function of the staff involved | [ ]  | [ ]  | [ ]  |  |
| Audience reached is in line with the targeted audience | [ ]  | [ ]  | [ ]  |  |
| Other | [ ]  | [ ]  | [ ]  |  |

1. **Conclusion**

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| **10.1 Certification of rendered service** | **Accepted** | **Comments** |
| **Yes** | **Not (fully)** | **N.A.** |
| I certify that the service has been rendered.  | [ ]  | [ ]  | [ ]  |  |
| I cannot certify that the service has been rendered with the actual checks performed. **Complementary information should be provided. Specify.** | [ ]  | [ ]  | [ ]  |  |
| I cannot certify that the service has been rendered with the actual checks performed. **A procedure for corrective measures shall be undertaken**. | [ ]  | [ ]  | [ ]  |  |

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| **10.2 Summary of issues and suggested way forward** |
| Major or repeated minor issues spotted during the on-the-spot check | Suggestion of actions which could be taken by the partner to tackle the issues listed (archiving, supported document, timeline, etc.). |
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| **Controller’s signature**  |
| Location |  |
| Date | DD.MM.YYYY |
| Name |  |
| Signature |  |
| Official stamp of the institution |  |