**Date of the visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On the Spot Report no…..**

**for the period ………….**

|  |
| --- |
| **SECTION 1** |

|  |  |
| --- | --- |
| **Priority axis** |  |
| **Investment priority** |  |
| **Project code** |  |
| **Project title** |  |
| **Project acronym** |  |
| **Name of the Beneficiary** |  |
| **Role of the Beneficiary** |  |
|  |  |
|  |  |

**The representative/s of the Beneficiary, present at the visit performance (first name, surname) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The first level controllers that perform the visit:**

Controller \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Controller \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of visit:**

🞎 **Interim no. …**

🞎 **Special**

🞎 **Final**

SECTION 2

|  |
| --- |
| **Commencement date (according to the subsidy contract)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Completion date (according to the subsidy contract)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Date of financial closing (according to the subsidy contract)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total cost of project (EUR): total cost / *ERDF*/ *State budget*/ *Own contribution*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |
| **Total cost of project partner budget (EUR): total cost / *ERDF*/ *State budget*/ *Own contribution*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |
|  |

SECTION 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Eligible expenditures approved** | | | | | |
| Reimbursement claims | Requested value | Request date | Approved value | Date of transfer | Differences |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *TOTAL* |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comment |
| Did the FLC requests respect the reporting periods defined in the e-MS |  |  |  |
| Did the project follow the original action plan according to the contract |  |  |  |
| Do VAT records correspond to declared expenditure for VAT? /if applicable/ |  |  |  |

SECTION 4

1. **Progress in the implementation of the project activities**

|  |  |  |
| --- | --- | --- |
| **Project activities carried out during the reporting period (according to subsidy contract)** | **Degree of accomplishment** | |
| **%** | **Comment** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Activities carried out outside the programme area[[1]](#footnote-2) during the reported period (if the case)** |
|  |

**2. On-the-spot evidence of the reported activities taken place?**

|  |
| --- |
| 1. **PRODUCTS and EQUIPMENT supplied during the reporting period (if the case):** |
| |  |  |  |  | | --- | --- | --- | --- | | **(name of the equipment purchased)\*** | ***YES*** | ***NO*** | ***NA*** | | Are the original documents for the carried out procurement procedure and purchased products at place? |  |  |  | | Are the products/equipment available and do the Brand, Type and Serial number of each product supplied correspond to the respective documentation |  |  |  | | Are the purchased or established assets used for purposes defined in the project? |  |  |  | | Does every piece of equipment comply with the set information and publicity rules? |  |  |  |   **Comments:** (if any) ……………………………………………………..  (photographs of equipment purchased during the reporting period will be attached to the report)\*please fill the above table for every different type of equipment |

|  |
| --- |
| **b. SERVICES performed during the reporting period:** |
| |  |  |  |  | | --- | --- | --- | --- | | **(type of provided services)\*** | ***YES*** | ***NO*** | ***NA*** | | Are the original documents for the carried out procurement procedure and performed services at place? |  |  |  | | Are there proofs for performed services by contractor/s? |  |  |  | | Do the service deliverables respect the necessary publicity requirements? |  |  |  |   **Comments:** (if any) ……………………………………………………..  (photographs of deliveries during the reporting period will be attached to the report)  \*please fill the above table for every different type of services |

|  |
| --- |
| **c. INVESTMENTS / WORKS carried out during the reporting period?** |
| |  |  |  |  | | --- | --- | --- | --- | | **(name of the object / sub-object) \*** | ***YES*** | ***NO*** | ***NA*** | | Are the original documents for the carried out procurement procedure and works performed at place? |  |  |  | | Are the actual construction works in compliance with the design documentation? |  |  |  | | Are there any insignificant changes in the approved works design? |  |  |  | | Is there documentary proof of the quantity and quality of the construction works? |  |  |  | | Are the information and publicity rules met? |  |  |  |   **Comments:** (if any) ……………………………………………………..  ***List of key documents issued during the construction process - only for Bulgarian beneficiaries****(according to national legislation)*   |  |  | | --- | --- | | **Type of document** (issued by the date of on the spot check) | **Comments**  (ref.no; date) | | Administrative order to start construction |  | | Acts and protocols issued during construction |  | | Is there any interruption of the works by Act template 10 of the Ordinance № 3 of 31 July 2003?  If yes:  - is the interruption supported by the relevant proofs for the force majeur such as evidence from Meteorology office, technology description from the designer etc?  - is the deadline for the implementation of the works used as a selection criteria within the public procurement? |  | | Acceptance certificate |  | | Technical passport |  | | Permission for use |  | | *Other……* |  |     (photographs of location and works carried on during the reporting period will be attached to the report)  \*please fill the above table for every different type of investment / construction |

|  |  |  |
| --- | --- | --- |
| **3. Has the Romanian/Bulgarian Beneficiary internal rules / system for planning, organization, assignment, monitoring and control of the project implementation?** | **Yes** | **No** |
| Comments: …………………. | | |

|  |  |  |
| --- | --- | --- |
| **4. In case revenue generated by the project is identified is it recorded in the accounting documents and declared in the reimbursement claim?** | **Yes** | **No** |
| Comments: …………………. | | |

|  |  |  |
| --- | --- | --- |
| **5. Are the reported expenditures in total or partially subject of double financing by any other national, regional, local, public, private resources and/or programmes?** | **Yes** | **No** |
| Comments: …………………. | | |

|  |  |  |
| --- | --- | --- |
| **6. Is there a separate accounting system or an adequate accounting code for the project activities?** | **Yes** | **No** |
| **Comments: ………………….** | | |

|  |  |  |
| --- | --- | --- |
| **7. Are project assets correctly recorded?** | **Yes** | **No** |
| **Comments: ………………….** | | |

|  |  |  |
| --- | --- | --- |
| **8. Does the Romanian/Bulgarian Beneficiary, respect the requirements regarding the availability of documents according to the subsidy contract and the provisions of art.140 of Reg. (EU) No. 1303/2013?** | **Yes** | **No** |
| Comments: …………………. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **9. Have the Union Policies and national rules been met, regarding:** |  |  |  |
| state aid | Yes | No | NA |
| environment rules | Yes | No | NA |
| sustainable development | Yes | No | NA |
| equal opportunity requirements | Yes | No | NA |
| non-discrimination | Yes | No | NA |
| Comments: …………………. | | | |

SECTION 5

**Publicity measures for the project:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have the EU, programme and national rules concerning publicity of project activities been met, in terms of:** |  |  |  |
| Visible marks on the site | **Yes** | **No** | **NA** |
| Permanent posters at the place of intervention | **Yes** | **No** | **NA** |
| Specific releases in the press and media | **Yes** | **No** | **NA** |
| Recognition in all the releases in the media | **Yes** | **No** | **NA** |
| Recognition in all the project documents | **Yes** | **No** | **NA** |
| Other (please specify below) | **Yes** | **No** | **NA** |
| **Comments: ………………….** | | | |



SECTION 6

**Problems / issues affecting the project implementation (if any):**

|  |
| --- |
| **1. Follow-up of previous / pending findings**:  **Corrective measure: …………**  **Deadline: …………**  **Status: (**cleared/ satisfactorily completed/ pending – explanation to be provided) |

|  |
| --- |
| **2. Current Findings: ………..**  **Corrective measures: …………**  **Deadlines: …………** |

SECTION 7

**Conclusions and recommendations (if any) from the current on-the-spot check:**

|  |
| --- |
| **Conclusions [[2]](#footnote-3)**  **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….** |
|  |

First level controllers Romanian/Bulgarian Beneficiary in the project

Legal representative

[Signature and stamp] [Signature and stamp]

[Name] [Date] [Name] [Date]

First level controller

[Signature and stamp]

[Name] [Date]

1. All activities carried out outside the programme eligible area should be described (including activities by beneficiaries located inside and beneficiaries located outside the programme area). In line with Art 20 ETC Regulation, the benefits of any activity carried out outside the programme area need to be justified. [↑](#footnote-ref-2)
2. In case a controller detects a possible irregularity during this on the spot check, he/she is obliged to suspend the corresponding expenditure and fill in the Report Regarding a Possible Irregularity form. Hard copy and electronic version of this report and the additional documents proving the case shall be immediately sent to the NA and JS (Irregularity Officer). The amount will be specified in this table.

   In case Controller detects ineligible costs declared in the previous reporting periods, he/she is obliged to indicate the amount concerned in this table and fill in the Report Regarding a Possible Irregularity that should also be send to the NA and JS. [↑](#footnote-ref-3)