

☐ For National Authority

☐ For Managing Authority/Joint Secretariat

ON-DESK ADMINISTRATIVE CROSS-CHECK ON THE FIRST LEVEL CONTROL PERFORMED

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Project No. PROETC code	
Project title	
Partner	

Request for FLC	No.	
Reporting period	Start	End
Project duration	Start	End

No and date of the Designation Letter issued by NA	
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	SECTION 1 <i>(to be filled by ETCNP Department)</i>		
1.1	Is the documentation submitted by the controller within the deadline specified in the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	SECTION 2 - Completeness and correctness of the documents issued by the First Level Controller <i>(to be filled by ETCNP Department)</i>		
2.1	Is the First Level Control Report submitted and filled in according to the template, and properly signed, stamped and dated by the Partner and the First Level Controller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.2	Is the List of eligible expenditure filled in according to the template, and properly signed, stamped and dated by the Partner and the First Level Controller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3	Is the On the spot report filled in according to the template, and properly signed, stamped and dated by the Partner and the First Level Controller?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Is the Certificate of the validation of expenditures filled in according to the template, and properly signed, stamped and dated by the First Level Controller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5	Is the Checklist of the documents attached to the first level control report filled in according to the template, and properly signed, stamped and dated by the First Level Controller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.6	Are the Checklists for Public Procurement (if applicable) filled in according to the template, and properly signed, stamped and dated by the First Level Controller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.7	Are all the supporting documents verified by the First Level Controller, and are properly signed, stamped and dated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8	Are the project documents required submitted in electronic version?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.9	Are the documents issued by the FLC controller presented in electronic version?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.10	Are all supporting documents indicated in List of eligible expenditures submitted in electronic version?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11	Are all public procurement documents required according to the FLC Guide submitted in electronic version?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 3 - Completeness and correctness of the documents issued by the Partner			
3.1	Is the State Aid Declaration filled in according to the template, and properly signed, stamped and dated by the Partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2	Is the VAT status Declaration (if applicable) filled in according to the template, and properly signed, stamped and dated by the Partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No" – specify the omission/s or errors			

Project Partner's expenditure		
Expenditure reported by the Partner	EUR	
Eligible expenditure verified by the controller	EUR	
Ineligible expenditure verified by the controller	EUR	
In case of financial correction/s applied on the public procurement procedure/s, please specify the following information:		
Total amount of the expenditures included in the request for verification affected by the financial correction	EUR	
Total amount of the correction applied on the expenditures included in the request for verification	EUR	

Conclusions and recommendations	
General findings (Please state your conclusions of the completed administrative cross-check in respect to the FLC carried out by the controller)	
Other comments	

Prepared by: (Name.....) Expert in ETCNP Department	Date:	Signature:
Reviewed by: (Name.....) Head of ETCNP Department	Date:	Signature:

If there is a financial correction, the check list should be transmitted to Legislation and Irregularity Dept.

Accepted by: (Name.....) Head of LI Department	Date:	Signature:
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If there is a financial correction, please fill the following information based on the FLC Report ^(*)
(to be filled in by Legislation and Irregularity Department)

Name of the procedure	
Type of the procedure	
Contractor	
Budget line(s)	
Date and number of the contract	
Value of the contract following the procurement procedure	(in EUR, VAT included)
Title of finding/s and legal basis of the finding/s	
Proposed financial correction to be applied to the contract in percentage <i>(in case of several findings with financial impact in one tender procedure, the percentage of the financial correction should be cumulative)</i>	
Total value of the expenditures related to the contract, declared by the beneficiary in the present FLC Report	

() In case of several financial corrections related to different tender procedures a separate table for each individual procedure should be filled in*

Suspicion of Irregularity <i>(to be filled in by Legislation and Irregularity Department)</i>		
Reported suspicion of irregularity (notification by the controller)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reported suspicion of fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there irregularities applied for the previous period/s? If "Yes", describe bellow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" – registration no.		

Comments (if any):

Conclusions and recommendations

Recommendations / Measures / Proposals for correction of the findings

(Please state your recommendations for corrective measures to be taken)

Other comments

Prepared by:

(Name.....)

Expert in LI Department (*in case of irregularity*)

Date:

Signature:

Reviewed by:

(Name.....)

Head of LI Department (*in case of irregularity*)

Date:

Signature:

Approved by:

(Name.....)

General Director of DG TCM

Date:

Signature: