

## Beneficiary First Level Control Certificate **(DRAFT)**

1. Project and progress report	
Project title	<b>Filled-in once</b> from AF (automatic in electronic systems)
Project acronym	<b>Filled-in once</b> from AF (automatic in electronic systems)
Project number	<b>Journal ID Number</b>
Approved implementation period	(DD.MM.YYYY – DD.MM.YYYY); Pre-filled and updated if changed
Name of Lead Beneficiary (if different from controlled entity)	<b>Pre-filled from most recent A</b> (automatic in electronic systems)
Reporting period	(DD.MM.YYYY – DD.MM.YYYY) (automatic in electronic systems)
Report Number	<b>Pre-filled</b> (automatic in electronic systems)
Report dated by project beneficiary (date of signature)	DD.MM.YYYY (automatic in electronic systems)
2. Project partner	
Name of controlled project beneficiary	<b>Pre-filled from most recent AF</b> (automatic in electronic systems)
Beneficiary role in the project (Lead beneficiary, Project beneficiary, Coordinating beneficiary, small beneficiary)	<b>Pre-filled from most recent AF</b> (automatic in electronic systems)

3. Designated First Level Controller	
FLC body responsible for the verification	<b>Pre-filled from designation form (designation body).</b>
FLC organization doing the verification (if applicable)	<b>Pre-filled from the designation form for this beneficiary in OMS</b>

3. Verification			
General methodology (allowing 2 ticks)	<input type="checkbox"/> desk-based	<input type="checkbox"/> on-the-spot	<input type="checkbox"/> other <sup>1</sup>
(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		
<b>Amount declared</b>	Total declared EUR; pre-filled from financial report.	Programme co-financing (eg ERDF) in EUR; pre-filled	National contribution in EUR; pre-filled
<b>Amount certified</b>	Total certified EUR; pre-filled from FLC report.	Programme co-financing (eg ERDF) in EUR; pre-filled	Nat. contribution in EUR; pre-filled

- I. Based on the documents provided and my verification and professional judgement as a first level controller, for the amount certified I certify that:
- a. expenditure is in line with European, programme and national eligibility rules and complies with conditions for support of the project and payment as outlined in the subsidy contract
  - b. expenditure was actually paid
  - c. expenditure was incurred and paid within the eligible time period of the project and was not previously reported
  - d. payment of staff costs is proven on the basis of payslips or documents of equivalent probative value, in line with the Programme Fact Sheets 2, 2a and 2b;
  - e. expenditure reimbursed on the basis of eligible costs actually incurred is either properly recorded in a separate accounting system or has an adequate accounting code allocated. The necessary audit trail exists and all was available for inspection;
  - f. expenditure in currency other than Euro was converted using the correct exchange rate; in line with Programme Fact Sheet 10.
  - g. relevant EU/ national/ institutional and programme public procurement rules were observed;
  - h. EU and programme publicity rules were observed;
  - i. co-financed products, services and works were actually delivered;
  - j. expenditure is related to activities in line with the application form and the subsidy contract.
  - k. Costs associated with Office and Administration (see Fact Sheet No. 3) have not been reported on under other budget lines than the one designated for the purpose.
- II. Based on the documents provided, my verification and my professional judgement as a first level controller, I have NOT found any evidence of:
- infringements of rules concerning sustainable development, equal opportunities and non-discrimination, equality between men and women and state aid;
  - double-financing of expenditure through other financial source(s);
  - generation of undisclosed project-related revenue.
- III. I hereby confirm that the verification of the project financial report was done precisely and objectively. I further confirm having followed the methodology and scope as described in Programme documents on First Level Control.

I and the institution / department I represent are independent from the project's activities and financial management and authorised to carry out the control.

Controller's signature	
Location	
Date	
Name	<i>pre-filled from designation form</i>
Signature	