

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

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

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

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