First Level Control Report

1. Partner report	
Project title	*<Filled-in automatic in EMS>*
Project acronym	*<Filled-in automatic in EMS>*
Project number	*<Filled-in automatic in EMS>*
Approved implementation period	*<Pre-filled and updated if change>* *DD.MM.YYYY – DD.MM.YYYY*
Name of Lead Beneficiary (if different from controlled entity)	*<Filled-in automatic in EMS>*
Reporting period	*<Filled-in automatic in EMS>*
Report Number	*<Pre-filled (automatic in eMS)*
Report dated by project beneficiary (date of signature)	*DD.MM.YYYY <automatic in eMS>*

Type of project report	☐ Partner Report	☐ (Final) Partner Report

2. Project beneficiary	
Name of controlled project beneficiary	*<Filled-in automatic in EMS>*
Beneficiary role in the project *(Lead Beneficiary, Project Beneficiary)*	*<Filled-in automatic in EMS>*

3. Designated Project Beneficiary Controller		
FLC Unit responsible for the verification	*<Pre-filled from the designation form – this is the designation body>*	
Name of the controllers	*<Pre-filled from the designation form – this is the designation body>*	*<Pre-filled from the designation form – this is the designation body>*
Job title	*<Pre-filled from the designation form – this is the designation body>*	*<Pre-filled from the designation form – this is the designation body>*
Address	*<Pre-filled from the designation form – this is the designation body>*	
Country	*<Pre-filled from the designation form – this is the designation body>*	
Telephone Number	*<Pre-filled from the designation form – this is the designation body>*	
Email	*<Pre-filled from the designation form – this is the designation body>*	*<Pre-filled from the designation form – this is the designation body>*
FLC Coordinator	*<Pre-filled from the designation form – this is the designation body>*	

4. Verification			
General methodology (allowing 2 ticks)	☐ desk-based	☐ on-the-spot	
(if on-the-spot) Date(s) of on-the-spot verification	*DD.MM.YYYY – DD.MM.YYYY*		
(if on-the-spot) Location of on-the-spot verification (allowing 2 ticks)	☐ premises of project beneficiary	☐ project event/meeting	☐ place of physical project output

(if on-the-spot) Focus of on-the-spot verification	*e.g. accounting system, cost items, investments, etc.*		
Sampling was applied (for on-the-spot verification)	☐ YES	☐ NO	☐ NA
Date of receipt of the partner report (into eMS))	*DD.MM.YYYY*		
Start of control work	*DD.MM.YYYY*		
Date(s) of requests for clarifications, if applicable	*DD.MM.YYYY*		
Date of receipt of satisfactory clarifications, if applicable	*DD.MM.YYYY*		
End of the control work	*DD.MM.YYYY*		

5. Expenditure declared and certified by budget line				
	Declared (A)[1] (total amount declared)	Certified (B)[2] (total amount certified)	Difference (C=A-B)[3] (total amount deducted)	Certified in % of Declared [B/A]*100[4]
Staff costs	*EUR*	*EUR*	*EUR*	*%*
Office and administration	*EUR*	*EUR*	*EUR*	*%*
Travel and accommodation	*EUR*	*EUR*	*EUR*	*%*
External expertise and services	*EUR*	*EUR*	*EUR*	*%*
Equipment	*EUR*	*EUR*	*EUR*	*%*
Infrastructure and works	*EUR*	*EUR*	*EUR*	*%*
Total expenditure (a)	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*%*
(Net Revenue) (b)	*- EUR*	*- EUR*	*EUR*	*%*
Total eligible expenditure (a-b)	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*%*

Part of the expenditure was incurred outside (the Union part of) the programme area	☐ Yes	☐ No
(if yes) How much was certified?	*EUR*	

6.a Description of findings, observations and limitations	
☐ n.a.	*A description of the types of errors found and a reasoning why it is an error. Also add: a clear specification of*

[1] *Filled-in automatic in EMS*
[2] *Filled-in automatic in eMS*
[3] *Filled-in automatic in eMS*
[4] *Calculated automatically*

	additional observations and limitations (if any), expressed about the eligibility of some expenditure.
6.b Conclusions and recommendations	
☐ n.a.	*The conclusion takes into consideration the above-mentioned observations/reservations. It also describes the measures implemented to solve the errors detected and it eventually provides recommendations to avoid the repetition of the same types of errors in the future.*
6.c Follow-up measures for the next progress report	
☐ n.a.	*Follow-up measures to be implemented in the next progress report should be described in this section.*

6. *(6.a, 6.b, 6.c - Alternative)* Description of findings, observations and limitations; Conclusions and recommendations; Follow-up measures for the next progress report[6]		
General	☐ n.a.	
Staff Cost	☐ n.a.	
Office and administration	☐ n.a.	
Travel and accommodation	☐ n.a.	
External expertise and services	☐ n.a.	
Equipment	☐ n.a.	
Infrastructure and works	☐ n.a.	

First Level Controllers			
Date		*Place*	
Name (controller 1)		*Signature*	
Name (controller 2)		*Signature*	
FLC Coordinator			
Date		*Place*	
Name		*Signature*	
Official stamp of the institution (if applicable)			