**Lead Partner Checklist**

**Version 25/07/2017**

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| **Project Information** | |
| ETC Programme | **France (Channel) England Programme** |
| Project title |  |
| Project acronym |  |
| Project number |  |
| Name of Lead Partner |  |
| Start date of the project | **DD.MM.YYYY** |
| End date of the project | **DD.MM.YYYY** |

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| **Project Report information** | |
| Reporting period | **DD.MM.YYYY – DD.MM.YYYY** |
| Report Number |  |
| Report submission date (see Grant Offer Letter) | **DD.MM.YYYY** |
| Type of report | *Project Report*  *Final Report* |

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| **Project Partners** | |
| Name of controlled Project Partner |  |
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| Name of controlled Project Partner |  |

**Add lines below if needed.**

***Information on the use of the Lead Partner checklist:***

*The checklist reports in a detailed way on the checks carried out by the Lead Partner on its own expenditure and on each Project Partner Report. The checklist is an opportunity for the Lead Partner to ensure the correlation between the project partners’ declared expenditure and the Partners’ activities in view of the Application Form. This checklist is to be completed for the whole Partnership including the Lead Partner. Please provide as many details as possible in the comments box and identify the name of the Partner(s) concerned by the section.*

*Once the Lead Partner has completed these checks, they must sign to that effect. This checklist should be uploaded into the eMS in the Attachments tab as a part of the Audit Trail documentation. In instances where the Lead Partner identifies an error within a claim being prepared for submission, it is their responsibility to engage in dialogue with the project partner and First Level Controller concerned. The Lead Partner should carry these checks on each Partner Report and record any issue prior to submit the Project Progress Report.*

***Please note that these checks do not aim to duplicate the ones carried by First Level Controllers rather than for the Lead Partner to exercise its overview of the project for ensuring correlation between expenditure claimed and delivery.***

**1. Audit Trail Checklist**

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| **General considerations / eligibility criteria** | **Accepted** | | **Comments** |
| **Yes** | **Not (fully)** |
| Expenditure :   * Is directly related to the project and necessary for carrying out the activities of the project and achieving the project’s outputs and results. * Is reasonable and justifiable * Has been incurred carrying out activities and timetable set out in the Application Form. |  |  |  |
| Costs are correctly allocated to the relevant budget lines, in accordance with the inspected list of expenditure. |  |  |  |
| Costs are declared only once. |  |  | e.g. expenditure have not been declared twice in different budget lines or in previous reporting periods. Expenditure have not been declared twice in different partners’ budgets. |
| The co-financed products and services were delivered or are in progress to be delivered. |  |  | e.g. Inspected project evidence provided with the partner report, in particular agendas and signed attendance lists of meetings, written outputs, pictures, etc;  **OR** ‘Inspected the Project Partner and activities on the spot. |
| The partner total budget and budget per budget line was respected. |  |  | e.g. Verified that accumulated partner expenditure is within the partner budget of the latest version of the approved Application Form. |
| [in accordance with Programme Manual Guidance Note 10 - Revenue]  Net revenue has been declared by the Project Partner and deducted from the total eligible expenditure. |  |  | e.g., Inspected information on conferences, events, website, etc. for evidence of potential generation of net revenue accordingly to the AF and/or Partner Report |

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| General comments, recommendations, points to follow-up. NOTE: deductions (if any) are allocated to the relevant budget lines |  |

**2. Eligibility**

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| **Criteria – Real Costs**  [in accordance Programme Manual Guidance Note 8 Budget Lines and Eligibility Rules]  Does all expenditure fall within categories of eligible expenditure and is in line with the Partners Reports? | **Accepted** | | | **Comments** | **Internal ref. number** |
| **Yes** | **Not (fully)** | **N.A.** |
| Staff costs |  |  |  |  |  |
| Office and Administration costs |  |  |  |  |  |
| Travel and Accommodation costs |  |  |  |  |  |
| External expenses and services |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Infrastructure and Work |  |  |  | Infrastructure and works exists or evidence of work in progress is available as for example pictures or on-the-spot visit etc. |  |

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| **Results, comments, recommendations, points to follow-up.** |
| * **Any issues and observation and concerns even if no deductions were made.** |

**3. Compliance with information and publicity requirements**

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| **Criteria**  [In accordance with the Programme Manual Guidance Note 7 – Project Communication.] | **Accepted** | | | **Comments** | **Internal ref. number** |
| **Yes** | **Not (fully)** | **N.A.** |
| Information and publicity rules of the EU and the Programme were complied with.  All information and communication products acknowledge the support from the ERDF. |  |  |  | e.g. inspected publications meet the requirements. |  |
| ***(In case of projects exceeding a total public contribution of EUR 500.000 and consisting of the financing of infrastructure or construction projects)***  A temporary billboard of a significant size, readily visible to the public has been installed.  Evidence of this installation has been provided or it has been inspected during an on-site visit. |  |  |  | e.g., Inspected site to ensure they meet the publicity requirements outlined in **of** Art 2.2 of Annex XII of Reg. (EU) No 1303/2013). |  |
| General comments, recommendations, points to follow-up | | | |  | |

**4. Shared Costs**

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| **Criteria – Real cost** | **Accepted** | | | **Comments** | **Internal ref. number** |
| **Yes** | **Not (fully)** | **N.A.** |
| The method for cost sharing complies with Programme rules and relies with the “contracting Partner only principle”   * The contracting Partner is the only one to budget, pay, and claim 100% of a shared cost. * The support from a Partner to the contracting Partner is considered as external match funding and is specified in the Application Form. |  |  |  | e.g. Inspected the calculation scheme for cost sharing to ensure that it complies with Programme rules |  |
| General comments, recommendations, points to follow-up | | | |  | |

**5. In-kind Contributions**

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| **Criteria – Real cost**  [in accordance with the Programme Manual Guidance Note 9 In Kind Contributions] | **Accepted** | | | **Comments** | **Internal ref. number** |
| **Yes** | **Not (fully)** | **N.A.** |
| In-kind contribution(s) relate(s) to the project.  They have been initially planned in the Application Form.  They have been budgeted and reported in the budget line of their real costs equivalent. |  |  |  | e.g. Verified that in-kind contributions:   * have been initially planned in the application form under this budget line OR * Are within the budget planned in the application form under this budget line * A written agreement of these costs exists from the JS. |  |
| General comments, recommendations, points to follow-up | | | |  | |

**6. External contribution**

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| --- | --- | --- | --- | --- |
| **Criteria** | **Accepted** | | **Comments** | **Internal ref. number** |
| **Yes** | **Not (fully)** |
| External contributions to Project Partners are as foreseen in the Application Form |  |  |  |  |
| **(in case of external contributions)**  The Project Partner received external contribution for the previous report. |  |  |  |  |
| **(if yes)** The total contribution has not been exceeded. |  |  |  |  |
| General comments, recommendations, points to follow-up | | |  | |

**7. Procurement Process**

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| **Criteria** | **Accepted** | | **Comments** | | **Internal ref. number** | |
| **Yes** | **Not (fully)** |
| Has the Project Partner provided evidence to support the implementation of the relevant Procurement Process? |  |  | e.g. only the presence of the supporting evidence should be verified. | |  | |
| General comments, recommendations, points to follow-up | | | |  | |

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| **Lead Partner’s signature** | |
| Location |  |
| Date | **DD.MM.YYYY** |
| Name |  |
| Signature |  |
| Official stamp of the institution |  |