



Verifications on Indicators

This template should be filled in by the Managing Authorities¹ when carrying out verifications on non-participant type Indicators.

1. GENERAL INFORMATION

Reference No.	
Member State	Malta
Programming Period	202X-202X
Fund	
Specific Objective	
Project Number	
Title of the Project	
Beneficiary	
Project Leader	
Officer/s carrying out this verification	
Reference of procurement procedures included in this report (if applicable)	

2. OPERATION INDICATORS

Tick if check cannot be addressed at the time of this verification:

☐

If Section cannot be addressed at the time of this management verification, state why

List Operation Indicators	Type [Output / Result]	Target	Actual ²	As at date ³	Type of evidence reviewed
	Output				
	Result				

Comments:

To review the evidence provided as at cut-off date of this check per indicator, and its coherence with the respective indicator definition.

¹ The Managing Authority reserves the right to add additional questions to this template or request additional information in relation to the verifications being made to ensure that the Beneficiary is in line with the Conditions of the Grant Agreement and addenda to it.

² The figure inserted here should represent the cumulative total achieved for the mentioned indicator.

³ This date should reflect the date by when this value was reported on the MCIS under 'applicable as at date' field.

3. ARE THE INDICATORS CHECKED IN THIS VERIFICATION INPUTTED IN MCIS?	Tick as appropriate		
	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Comments: <i>In cases where issues were encountered to list type of issues and any necessary follow-up.</i>			

4. CONCLUSION
4.1 List any follow-up actions required, the date by when these should be undertaken, as well as who is to check that action has been taken as instructed.
4.2 Recommendations and remarks on general improvement.
4.3 Is there any further information from external alerts which may need to be taken into consideration, or which may require further verifications?
4.4 List of Annexes (Any evidence / supporting documentation substantiating the verification)
<i>A copy of the checked data on participants excel sheet is to be attached to each OTS report.</i>

5. ENDORSEMENT OF VERIFICATION REPORT	
Officer/s Conducting Verification:	
Name in Block Letters	Signature
Designation	Date
Name in Block Letters	Signature
Designation	Date

Conclusion endorsed by:	
Name in Block Letters	Signature
Designation	Date
Project Leader:	
Name in Block Letters	Signature
Designation	Date