

Guidance on Completing the Claim Checklist

1. The claim checklist has been developed for use with the manual claim forms to ensure that there is a fully functional and auditable claims process. The checklist aims to record in one place, all the action that has been taken by the appropriate bodies to certify, scrutinise and authorise claims. The checklist will become obsolete once the web based claims process has been developed and rolled out for CFOs and Non-CFOs to use.
2. Managing Authority regional teams (MA), Intermediate Bodies (IBs) and the central Managing Authority (for TA projects) should complete page 1 of the checklist (including office stamp) as soon as a claim is received. There should be 1 checklist per claim.
3. Part 1 of the checklist records the certification checks that have been performed. An appropriate person who is duly authorised at the MA or IB should complete the certification checks, the majority of which are yes and no answers. To pass a certification check the answer to questions should be yes, if the answer to a question is no then additional comments should be made by the MA regional team or IB under the recommendation section of Part 1. For some questions it is possible to answer not applicable (N/A), e.g where a check relates only to a non-CFO claim and would not be relevant to a CFO claim.
4. Question 9 of the checklist relates to CFOs only. Annex 3, Guidance on completing the CFO claim form, Worksheet 3 - Project Progress, details the audit requirements for CFOs to enter all the names of the providers (both ESF and match) and the amounts paid to them, which are included in the claim. The amounts must total the figure entered in box 1a of Worksheet 1. In addition all the sources and amounts of match funding must also be entered and the figure must total that quoted in box 2b of Worksheet 1. This is a mandatory requirement for all CFOs and the claim must not be paid unless this information is included and adds up to the figures in box's 1a and 2b.
5. In the 2007-2013 programme ESF will be claimed in-period. The CFOs and Non-CFOs will be paid the amount of ESF they have declared in that period. Unlike the 2000-2006 programme where payment is made based on intervention rate. To calculate the ESF payment amount, the certifying officer should deduct any amount of ESF declared as a self adjustment, irregularity or as a special payment repayment from the amount of ESF claimed in this period. As the claim form is to enable a payment to be made it is not necessary to deduct any public match funding. If certifying officers have any queries regarding the calculation of ESF payment amounts they should contact their central managing authority regional contact.

6. Once the certification checks have been completed the certifying officer should indicate whether or not they are recommending this claim for payment. They should then sign and date the checklist at the end of Part 1. Both the claim and the checklist should then be photocopied. The certifying officer should then retain the photocopies at the MA regional team or IB and send the **originals** to their central managing authority regional contact.
7. If a claim fails certification, the MA regional team or IB should e-mail the organisation from which it was received with an explanation as to why the claim has been rejected and retain a hard copy of the e-mail and subsequent response, for audit purposes. The original claim form and the signed and dated checklist stating why the claim failed scrutiny should be kept on the agreement file.
8. On receipt of claim and its accompanying checklist, the central managing authority should stamp the checklist with the office date stamp. They should then perform the scrutiny checks on the claim and complete Part 2 of the checklist. To pass a scrutiny check the answer to questions should be yes, if the answer to a question is no then additional comments should be made by the central managing authority under the recommendation section of Part 2.
9. Once the scrutiny checks have been completed the scrutiny officer should indicate whether or not they are recommending this claim for payment. They should then sign and date the checklist at the end of Part 2. Both the claim and the checklist should then be passed to the European Social Fund finance team, however before doing so the central managing authority should state on the bottom of Part 2 the date the claim was passed over to the finance team.
10. If a claim fails scrutiny, the scrutiny officer from the central managing authority team should e-mail the MA regional team or IB from which it was received with an explanation as to why the claim has been rejected and retain a hard copy of the e-mail and subsequent response, for audit purposes. The original claim form and the signed and dated checklist stating why the claim failed scrutiny should be kept on the agreement file.
11. On receipt of a claim and its accompanying checklist, the member of the finance team authorising the claim should perform the authorisation checks on the claim and complete Part 3 of the checklist. To pass authorisation the answer to questions should be yes, if the answer to a question is no then additional comments should be made by the central managing authority under the recommendation section of Part 3.
12. If a claim fails authorisation, the authorising officer from finance team should return the claim and checklist back to the appropriate central managing authority regional contact to take the appropriate action.

ESF ENGLAND & GIBRALTAR 2007-2013
CLAIM CHECKLIST

Claim Receipt

Organisation
Name.....

Project Name.....

Agreement Number:..... Region

Claim Period

Date claim received:.....

Received by
.....

Claim should now be office date stamped.

Part 1: *Certification Checks*

To be performed, and form completed by the Managing Authority regional teams or Intermediate Bodies (or by the central Managing Authority for National Technical Assistance and other claims) :-

Certification Checks	Yes	No	N/A
1) Are the organisation agreement details correct?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Has the claim been stamped and signed by an authorised representative of the CFO or non-CFO?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Is there a signed Agreement or later signed variation in place?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Has a validated profile been received?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Are all claim amounts in whole pounds?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Are costs within the 15% tolerance levels?	<input type="checkbox"/>	<input type="checkbox"/>	
7) If not, are explanations acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Has the progress report been completed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
9) Applicable to CFOs only, have breakdowns of payments to providers and sources of match funding been supplied and do the figures add up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Since the last claim, have any outstanding issues that would preclude payment e.g. an Art 13/16 visit, been cleared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Based on feedback from reviews and other information, is the expenditure reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	
12) Has a valid PMFC been received (non-CFO only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Is the % of flat rate costs the same as that stated in the contract (non-CFO only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14) Do any declared irregularities or self adjustments appear reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Has the organisation confirmed bank account details and notified any changes?	<input type="checkbox"/>	<input type="checkbox"/>	
16) What is the actual ESF payment claim amount taking into account any adjustments, special payment repayments or irregularities?	£ _____		

Recommendation

If you have answered 'No' to any of the above questions then please provide comments below:

	Yes	No
Have you recommended this claim for payment after performing the certification checks?	<input type="checkbox"/>	<input type="checkbox"/>

Certifying Officer Name:

Signature :.....

Date :.....

Note: if the claim has passed the certification checks, print this form, then sign and date it. Take a photocopy of both the claim and this checklist for your records. Post the original documents, using recorded delivery to: MA:Delivery, European Social Fund Division, Moorfoot, Sheffield S1 4PQ.

Part 2: Scrutiny Checks

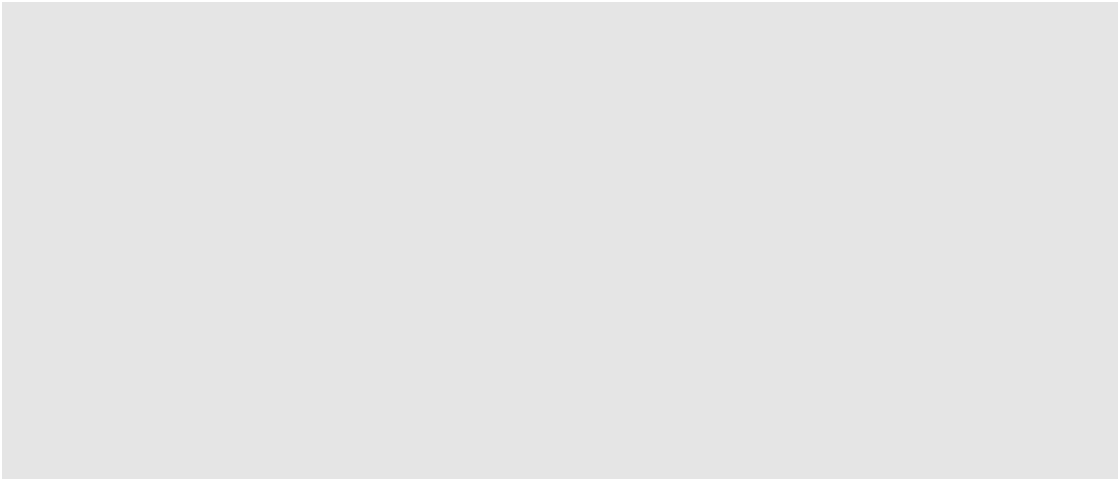
To be performed, and form completed by the central MA:Delivery team for all claims.

MA: Delivery office **date stamped:**

	Yes	No	N/A
1) Have all the certification checks been performed? <input type="checkbox"/>	<input type="checkbox"/>		
2) Is the person certifying the claim authorised to do so?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Have any issues that might preclude payment been cleared? For example, Art13/16, audit issues etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Can you confirm that this is the only valid claim that has been received for this period?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Is the cumulative ESF declared within the ESF approval amount for the Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Is the ESF payment amount correct taking account any self adjustments, special payment repayments or irregularities?	<input type="checkbox"/>	<input type="checkbox"/>	
7) ESF payment amount	£		

Recommendation

If you have answered 'No' to any of the above questions then please provide comments below:



Yes No

Have you recommended this claim for payment after performing the scrutiny checks?

Scrutiny Officer Name:

Signature :.....

Date :.....

Note: If the claim has passed the scrutiny checks, please sign and date this form and with the claim form to the Finance team, ESF Division.

Date passed to Finance:

Part 3: Authorisation Checks

To be performed, and form to be completed by the Finance team in the ESF Division for all claims :-

	Yes	No
1) Has a RM1 form been completed for this claim?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do the payment amounts at certification and scrutiny stages agree?	<input type="checkbox"/>	<input type="checkbox"/>
3) Payment amount authorised	£.....	

Recommendation

If you have answered 'No' to any of the above questions then please provide comments below:

.....

	Yes	No
Have you authorised this claim for payment after performing the authorisation checks?	<input type="checkbox"/>	<input type="checkbox"/>

Authorising

Officer Name:

Signature :.....

Date :.....

Note: if the claim was authorised for payment, sign and date this form and forward with the claim and an original completed RM1 form to Certifying Authority.