

Not to be completed by applicant



Scotland and Europe  
Investing in your future

To Be Completed by IAB

Organisation	
File Reference Number	
Claim Number	
Date received	
Date processed	
Processed by	
Authorised by	
Date sent to Scottish Executive	

To Be Completed by Scottish Executive

Date received	
Date processed	
Processed by	
Date put through on SEAS	
Account code used	
Programme Code	
Entity Code	
Requisition No:	

Overall assessment of progress from IAB

- Project on track
- Project requires closer monitoring
- Intervention required

EUROPEAN SOCIAL FUND 2007-13



Scotland and Europe  
Investing in your future

the project title should match the one given on the approved application form

complete the organisation name as per application

Project Title	<input type="text"/>	As issued in approval letter and grant acceptance schedule
Organisation	<input type="text"/>	As indicated on approved application form. Although this can be different if the date was changed in the grant acceptance schedule, issued at the time of approval or via NOC (DATE NEVER CHANGES)
Project Reference Number	<input type="text"/>	
Project Start Date	<input type="text"/>	
Final Claim	Yes / No	

Select the appropriate choice

Project Contact	<input type="text"/>
Contact Telephone	<input type="text"/>
Contact Email	<input type="text"/>

The person to contact should be the same as in the application Any changes constitutes as Significant change

Finance Contact	<input type="text"/>
Contact Telephone	<input type="text"/>
Contact Email	<input type="text"/>

Claim Number	<input type="text"/>	Enter quarter number of the claim period when costs were incurred (claim 1, 2, etc)
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Claim Period	From	<input type="text"/>	To	<input type="text"/>
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Start and end date of the expenditure period being claimed (3months). Start date will be day after previous **claim to date**

**Part 1: Project Summary**

Please provide below a summary of project progress so far as set against the main objectives in your approved application: (Please note there is additional space at the end of the claim form if required)

Use this space to describe the project's progress even if this has been limited for the period of the claim. Any changes to any part of the project, during this claim period (eg content, recruitment difficulties, training delivery, work experience, expected outcomes, financial etc) need to be described in this section. Provide details of any variation in actual content, hours, trainee numbers etc to that stated in the approved application. You would use this narrative section to describe details of significant change under financial headings, eg an additional staff member being recruited, and being paid for by a decrease in expenditure for beneficiary lunches under other costs. If any of these changes constitute significant changes, the IAB should have already been informed and approval of these changes sought prior to the claim being submitted.

**Participant Characteristics**

Please update the following details of eligible participant characteristics of your project

**Age**

Age	Number of participants			
	In the approved application		To date	
	Male	Female	Male	Female
14 and under				
15 to 17				
18 to 24	These figures should be the same as in Part 2 of the approved application form. Do not double count.		The total number of participants supported by the project to date (not just this claim)	
25 to 40				
41 to 50				
51 to 54				
55 to 64				
65 and over				
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Prime Target Group**

Prime Target Group	Number of Participants			
	In the approved application		To date	
	Male	Females	Male	Female
Homeless				
Lone parent				
History of substance abuse				
History of alcohol abuse				
Literacy and numeracy				
Disabilities				
Mental health problems				
Physical illness				
Family/caring responsibilities				
Young people leaving care	These figures should be the same as in Part 2 of the approved application form. Do not double count.		The total number of participants supported by the project to date (not just this claim)	
Economically inactive				
Lack of work experience				
Unemployed				
Criminal record				
No qualifications				
EU migrant workers				
Non EU migrant workers				
Self employed				
Voluntary worker				
Ethnic minority				
Young people (NEET)				
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Secondary Target Group**

Secondary Target Group	Number of Participants			
	In the approved application		To date	
	Male	Females	Male	Female
Homeless				
Lone parent				
History of substance abuse				
History of alcohol abuse				
Low self esteem				
Literacy and numeracy				
Learning difficulties				
Disabilities				
Mental health problems				
Physical illness				
Family/caring responsibilities				
Young people leaving care				
Economically inactive				
Lack of work experience				
Unemployed				
Long term unemployed				
Seasonal worker				
Part time worker				
Lack of available transport				
Criminal record				
No qualifications				
EU migrant workers				
Non EU migrant workers				
Self employed				
Voluntary worker				
Ethnic minority				
Young people (NEET)				
Young people at risk of becoming NEET on leaving school				
Asylum seekers and refugees				
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

These figures should be the same as in Part 2 of the approved application form. Do not double count.

The total number of participants supported by the project to date (not just this claim)

**Ethnic Origin**

Ethnic Origin	Number of Participants			
	In the approved application		To date	
	Male	Females	Male	Female
White (Scottish)				
White (English)				
White (Welsh)				
White (Irish)				
White (Other)				
Black (Caribbean)				
Black (African)				
Black (Other)				
Asian (Chinese)				
Asian (Indian)				
Asian (Pakistani)				
Asian (Bangladeshi)				
Asian (Other)				
Gypsy/Traveller				
Mixed background				
Other ethnic background				
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

These figures should be the same as in Part 2 of the approved application form. Do not double count.

The total number of participants supported by the project to date (not just this claim)

**Part 2: Approved Notifications of Change**

a. Please provide below a summary of previously approved Notifications of Change. These should include changes to timescales and targets:

At claim 1 this will likely be blank, except may be change of name of organisation. Each time you submit and receive approval for a change it should be noted here

this is to be estimated by applicant on impact on project

enter %

b. How much is this a change to your approved application?

enter % difference

0

c. Please provide below a summary of any current/next quarter requests for Notifications of Change:

If you are aware of any changes that will take place but which do not impact on this claim please indicate here.

**Part 3: Spend profile**

a. Please provide below a summary of performance against spend profile in this reporting quarter:

Provide some details on the spend to date against your anticipated spend at this stage of the project e.g if spend is at 20% but you are 50% of the way through the project, is this what you expected and if not have you taken necessary action to address.

To be entered by applicant based on their own expectation / forecast for this claim

enter %

b. How much is this a change to your approved application?

enter % difference

0

**Part 4: Outputs, Results and Impacts**

Please provide below a summary of how the project is meeting the targets in the approved application.

**Participant information**

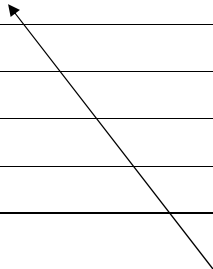
a.	Percentage change(section A-H) is applicants judgement. Up to final claim stage where figure represents project position	Total number of eligible participants <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Percentage Change	Target	Actual		
Target	Actual					
	Comments:					
b.		Total eligible participants hours on project <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Percentage change	Target	Actual		
Target	Actual					
	Comments:					
c.		Total number of eligible participants that have dropped out <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Actual	Target	Actual		
Target	Actual					
	Comments:	This figure should be actual to date ignore any colour changes to date				
d.		Number of eligible participants entering employment <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Percentage change	Target	Actual		
Target	Actual					
	Comments:					
e.		Number of eligible participants entering higher/further education <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Percentage change	Target	Actual		
Target	Actual					
	Comments:					
f.		Number of eligible participants completing a qualification <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Percentage change	Target	Actual		
Target	Actual					
	Comments:					
g.		Number of eligible participants partially completing a qualification <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Percentage change	Target	Actual		
Target	Actual					
	Comments:					
h.		Number of eligible participants who have not achieved a target <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px;">Target</td> <td style="width: 50px;">Actual</td> </tr> <tr> <td style="height: 15px;"> </td> <td style="background-color: #00ff00; height: 15px;"> </td> </tr> </table> Actual	Target	Actual		
Target	Actual					
	Comments:					

A change of less than 10% does not require comment. A change of 10% to 19% some detail supplied. A change of 20% or more requires comment and justification. If an NOC has already been submitted please indicate.

**Part 5: Comments from IAB to MA on project progress (to be completed by the IAB)**


**Overall assessment of progress from IAB**

- Project on track
- Project requires closer monitoring
- Intervention required



This is completed by IAB on basis of both physical and financial progress of project. Where IAB considers intervention required then Article 60b visit will take place (if not already planned).

## Claim Summary

Cost Name	Current Approved Eligible Expenditure	Total Already Claimed	Expenditure this claim	Total Expenditure to Date	Document Name or Invoice number
<b>Eligible Staff Costs</b>					
Staff Salaries				0	
Other Staff Costs				0	
<b>TOTAL COSTS</b>	0	0	0	0	
<b>Eligible Participant Costs</b>					
Wage Subsidies				0	
Dependant Care				0	
Childcare				0	
Subsistence & Lodging Allowance				0	
Travel Expenses				0	
Financial Incentives				0	
Protective Clothing				0	
Other Participant Costs				0	
<b>TOTAL COSTS</b>	0	0	0	0	
<b>Other Eligible Costs</b>					
Consultancy & Contractor Charges				0	
Project Evaluation Fees				0	
Premises Costs				0	
Marketing				0	
Leasing				0	
Consumables				0	
Depreciation				0	
Other Project Costs				0	
<b>TOTAL COSTS</b>	0	0	0	0	
<b>TOTAL ELIGIBLE COSTS</b>	0	0	0	0	

Reference Financial Annexes Transaction List Where breakdown can be provided.

Enter in this column only the amounts of expenditure for this claim.

Subtotals in this column are calculated automatically.

Headings more than 20% (Total staff, participants and other costs) constitute significant change

The figures in this column will not change for each claim. These figures must be 'Total Approved Eligible Costs' as per approved application at Part 5 for each item of expenditure listed in column C of this claim.

Under this column enter the expenditure, against each item in column C, for all previous claims, excluding this claim. This will be the figure in column G on previous claims. If no previous claim against any items, enter nil values for form to calculate.

**\*Please note**

You **MUST** provide documents detailing the breakdown of each cost heading in this claim.

You should also enter the document name or invoice number where the evidence is given.

Where appropriate irrecoverable VAT should be included in the expenditure as claimed.

Figures **MUST** reflect the Claim Summary Section.\*

If Total Expenditure to date(column G) figures are more than Current approved Eligible Expenditure (column D) then you might need to revised the approved eligible cost. Greater than 20% will constitute an significant change





## Financial Declaration

### Bank Details

Please note **all** sections in this page must be completed.

Organisation Name	
-------------------	--

Have the bank details changed since last claim	<b>YES / NO</b>
--	-----------------

Bank Name	
Bank Address	The bank details should be the same as the letter which was provided with the Acceptance of Offer of Grant Schedule. Any change constitutes a Significant Change and you should notify the IAB. Non-notification would mean delays in payment.
Bank Post Code	
Bank Sort Code	
Bank Account Number	
Account Payee Name	

## Financial Declaration

The Total eligible requested in this claim is automatically entered

The project finance declared in this claim is automatically entered

The Total net eligible costs in this claim is automatically entered

Eligible Costs this claim	£0
Net Project income this claim	£0
Net Eligible costs this claim	£0
Intervention Rate	
Grant Requested this claim	
Approved Grant	
Approved Grant from previous claims	£0

Enter approved intervention rate (ie percentage rate to 2 decimal places) of ESF grant requested and approved as shown in grant acceptance schedule. Important that this is correct as it calculates the amount claimed for the claim.

The amount of ESF claimed need to be entered manually, based on the approved % intervention rate, of your total eligible expenditure incurred during the previous quarter.

The approved grant from previous claim will be entered automatically

Enter total ESF amount that was originally approved for your entire project as shown on your grant acceptance schedule.

## Declaration

I certify that the information contained in this claim is correct and confirm that this project will be carried out as described in the approved application form, that satisfactory progress towards the achievement of approved targets is being made and that all eligible expenditure has to date already been defrayed.

I confirm that this organisation is undertaking regular monitoring of the project to ensure it conforms with the appropriate Regulations and approved application, and that proper records are kept and adequate management and financial safeguards are in operation.

I acknowledge that the European Commission, the European Court of Auditors, the Scottish Executive and/or the Intermediate Administration Body may carry out on the spot checks at my premises and those of my partners if deemed necessary. Vouchers and other records will be retained until the date specified in the grant offer letter and produced for inspection as required.

I undertake to repay on demand to the Scottish Executive any grant paid, if the European Court of Auditors, the Scottish Executive or the Intermediate Administration Body decides after investigation that the project has not been carried out in accordance with the application and/or the National Rules.

## Signed Declaration

Please sign the following section in **BLUE** ink.

Certifying Officer signature	
Name (in block capitals)	
Position in Organisation	
Date signed	

This must be an authorised signatory nominated in offer of grant schedule. Please note any change in signatory should be notified in writing to IAB. Remember to have this section signed in blue ink and dated.

Please add any relevant additional information here.