

**EEA/Norway 2014-2021 Programme – Follow-Up On-the-Spot Check**

*This template should be filled in by the NFP when carrying out follow up check on beneficiaries*

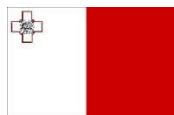
**1. GENERAL INFORMATION**

|  |                  |
|--|------------------|
| Date                                   |                  |
| Member State                           | <b>Malta</b>     |
| Programming Period                     | <b>2014-2021</b> |
| Fund                                   |                  |
| On-the-spot Check Report ref. no.      |                  |
| Final Beneficiary                      |                  |
| Project Leader                         |                  |
| Place of meeting                       |                  |
| Officers present during the spot check |                  |

**2. LIST OF ISSUES**

**2.1 List all issues that were earmarked as requiring follow-up action when the on-the-spot check was undertaken and indicate whether the required action has taken place and put in any comments if required.**

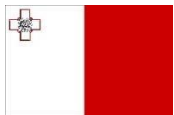
|            | Agreed date for action to be undertaken | Indicate who was responsible to undertake the agreed follow-up action | Yes                      | No                       | Remarks |
|------------|---|---|--------------------------|--------------------------|---------|
| Issue no 1 |   |   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Issue no 2 |   |   | <input type="checkbox"/> | <input type="checkbox"/> |         |



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|            |  |  |                          |                          |  |
|------------|--|--|--------------------------|--------------------------|--|
| Issue no 3 |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Issue no 4 |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Issue no 5 |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |

**2.2 Concluding remarks:**



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| 3. ENDORSEMENT OF FOLLOW UP REPORT |           |
|------------------------------------|-----------|
| Officers Conducting Check:         |           |
|                                    |           |
| Name in Block Letters              | Signature |
|                                    |           |
| Designation                        | Date      |

|                       |           |
|-----------------------|-----------|
|                       |           |
| Name in Block Letters | Signature |
|                       |           |
| Designation           | Date      |

| Conclusions and Recommendations endorsed by: |           |
|--|-----------|
|  |           |
| Name in Block Letters                        | Signature |
|  |           |
| Designation                                  | Date      |



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