**Checklist – Criteria for top ups**

This form must be used by the responsible MFA unit to document that the proposed appropriation meets the 8 criteria for a top up and form part of the documentation to be submitted for approval of the appropriation. (See top up guidance note for further explanation).

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| **Name of project or programme** |  |
| **File No.** |  |
| **1) Budget (million DKK)**(Max 100 pct of original grant and max DKK 300 million)  | Original grant:  |
| Additional grant: |
| **Duration**  | Original agreement:  |
| New agreement: |
| **2) Name of partner:**(Has to be the same partner as original agreement) |  |
| **3) Are objective and overall outcome the same** **as for the original grant?** | Yes: No: |

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| **4) Demonstrate briefly the implementation capability of the partner, that there is no significant reductions in planned disbursements and that not more than 20 percent of the latest disbursement remain unspent.** [Briefly explain] |

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| **5) Demonstrate solid track record of proven results and compliance (from appraisals, reviews, monitoring reports, incl. financial reports, audits, MOPAN assessments, evaluations or from required annual stock taking report(s) - not older than two years.** [Explain briefly] |

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| **6) Check and document that there has not been expressed reservations or concerns regarding the support in the overall conclusion of the Council for Development Policy, appraisals, reviews or other similar assessments, such as MFA financial monitoring reports.**  |

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| **7) The partner’s handling of recent (last three years) active C-cases related to the original support is satisfactory and a clear path for closure is established.**Are there active C-cases? If yes, please explain why additional funds can be granted.  |

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| **8) The support has passed first year of implementation? (see possible exceptions in the top up guidance note).** If no, please explain reason for exception. |

I hereby confirm that the responsible unit meets the 8 criteria for a top up and the relevant documentation is submitted:

Signed in…………………………………… on the ………………………..

Head of Department NAME (UNIT) ….……………………………..