### 

## First level controller designation checklist

#### Project

|  |  |
| --- | --- |
| Name of the project |  |
| Acronym |  |
| Index |  |

#### Project Partner

|  |  |
| --- | --- |
| Organisation |  |
| Department/unit/division |  |
| Name of the contact person |  |
| Address |  |
| Telephone |  |
| Email |  |

#### Responsible Controller (Audit Partner)

|  |  |
| --- | --- |
| Organisation |  |
| Name of the Controller |  |
| Position in organisation |  |
| Department/unit/division |  |
| Professional Experience (years) |  |
| Professional Title  (*provide a copy*) |  |
| CyPAOB Registered Audit Firm | * **Yes**, Reg. no. …………… * **No** |
| CyPAOB Registered Statutory Auditor | * **Yes**, Reg. no. …………… * **No** |
| Address |  |
| Telephone |  |
| Email |  |

#### Control Team Manager (Manager / Supervisor) (if applicable)

|  |  |
| --- | --- |
| Name of the Controller |  |
| Position in organisation |  |
| Department/unit/division |  |
| Professional Experience (years) |  |
| Professional Title  (*provide copy*) |  |
| Telephone |  |
| Email |  |

#### Control Team (To be completed separately for each member)

|  |  |
| --- | --- |
| Name of the Controller |  |
| Position in organisation |  |
| Department/unit/division |  |
| Professional Experience (years) |  |
| Professional Title  (*if relevant provide copy*) |  |
| Telephone |  |
| Email |  |

#### Basis of Engagement:

|  |  |
| --- | --- |
| 1. Are control services secured by the partner through a service contract? |  |
| 1. What is the basis of engagement of the Control Service by the project partner? A service contract, a mandate, other (please specify and provide a copy or proforma service contract)? |  |
| 1. Have public procurement procedures according to relevant regulation and programme rules been respected? |  |

#### Professional Skills and Competences:

|  |  |
| --- | --- |
| 1. Please describe the individual Controller’s professional skills and knowledge in the field of control/audit (include references of previous experience, training, studies etc). |  |
| 1. Please describe the individual Controller’s professional skills and knowledge in the field of control of projects co-financed from EU-funds (in particular European Structural and Investment Funds and specifically the European Regional Development Fund). |  |
| 1. Please describe individual Controller’s previous professional experience in the first level control of projects funded through the specific Programme or other European Territorial Cooperation Programmes (please specify Programme) |  |
| 1. Is the controller’s knowledge of Greek and English sufficient in order to read and understand all relevant documents?   *If not, please confirm that all necessary documents (including communication with the Joint Secretariat or other auditors / controllers) will be translated.* |  |

#### Independence:

|  |  |
| --- | --- |
| 1. Does the controller adhere to a professional code of conduct or other rules defining his/her function and independence? |  |
| 1. Can you confirm that the organisation / unit where the controller is employed / posted is professionally independent from the unit dealing with the implementation of activities and finances of the project partner and is therefore not involved in  * project approval / selection * project activities (incl. signature of the project report as a project partner) * project finances (recording of project expenditure in the accounting system, securing funding for the project costs and authorising or undertaking payments of the respective expenditure) |  |
| 1. Can you confirm that there are no blood or marriage relationships between the controller and employees/managers of the unit in charge of the project activities implementation or finances? |  |
| 1. Is the controller independent of mind, i.e. does not feel dependent on the entity/unit to be controlled in any way other than the ones already mentioned? |  |
| 1. Is the Controller the statutory auditor of the Partner?  * Yes * No   *If yes, please describe the safeguards adopted to prevent threats of independence.* |  |

#### Participation in Trainings / Workshops:

|  |  |
| --- | --- |
| 1. Can the Controller confirm (through the *attachment of relevant attendance certificates*) that he/she and/or the designated Control Team and/or Control Team Manager (if relevant):    1. has attended, or    2. will be attending at the latest prior to the first payment application submitted by the project partner   trainings / seminars / workshops organised by the DG EPCD, the VCD (Designation Body) and/or the Programme Authorities covering the requirements for first level controls / verifications for the specific Programme[[1]](#footnote-1)? |  |

#### Signatures:

|  |  |
| --- | --- |
| Partner Signature and Stamp | Controller Signature and Stamp |
|  |  |
| Place Date | Place Date |

*Please send the completed questionnaire with attachments (e.g. organisation chart and other relevant documents) to:*

*Verifications and Certification Directorate*

*Treasury of the Republic of Cyprus*

*Corner Michael Karaoli & Grigori Afxentiou*

*1441 Nicosia, Cyprus*

*Contact Person: Maria Papiri, mpapiri@treasury.gov.cy, tel.: 0035722602322*

[vcd@treasury.gov.cy](mailto:vcd@treasury.gov.cy)

*www.treasury.gov.cy*

1. Kindly note that in case of non-participation to the relevant trainings, the Controller’s designation will be temporarily suspended / not issued [↑](#footnote-ref-1)