### 

## 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)