

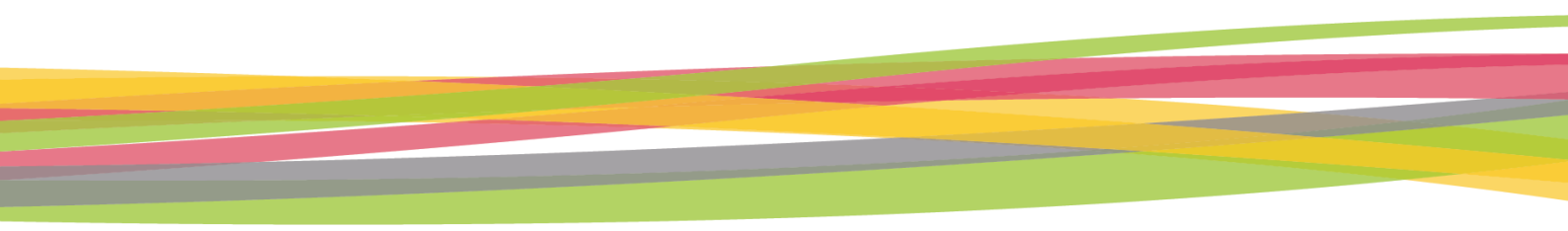


Project:

Project name	
Acronym	
File number	
Lead Beneficiary Organisation	
Contact person	
Organisation	
Address	
Telephone number	
E-mail	

Beneficiary to be controlled:

Contact person	
Organisation	
Address	
Telephone number	
E-mail	
Function in the project	<input type="checkbox"/> Lead Beneficiary <input type="checkbox"/> Beneficiary/ coordinating Beneficiary <input type="checkbox"/> Co-beneficiary





Controller:

Name	
Job title	
Organisation	
Address	
Telephone number	
E-mail	

Beneficiary budget:

Total eligible expenditure, €	
-------------------------------	--

Designation in online monitoring system



Information regarding the professional competence, skills and experience of the controller:

1	Please describe the controller's individual professional skills and experience (including duration).	
2	Please describe the controller's individual professional skills and experience in the field of control of projects co-financed by EU-funds (Structural funds and ERDF in particular).	
3	Is the controller's command of the programme working language (English) sufficient to read and understand all relevant documents and guidance notes?	

Questions regarding independence:

4	<p>Is the controller from a unit/organisation which is professionally independent from the unit/organisation dealing with the activities and finances of the Interreg IVB North Sea Region project in question?</p> <p>Can you as a project controller confirm that the unit/organisation, in which you are working, is not involved with (in the context of this project):</p> <ul style="list-style-type: none"> • Project approval? • Project activities including signing the project report as project partner? • Project finances including project 	
---	--	--



	accounting and payment orders?	
5	Is the controller internal (i.e. employed by the project beneficiary) or external?	
6	<p>If the controller is internal</p> <p>Is the controller's independence regulated by law, local or internal rules in your country e.g. rules regarding the internal controllers function or code of conduct? If so, please describe the nature of these rules.</p> <p>Please provide an organisational chart illustrating the units where the activities and finances are managed, where the payments are ordered and where the control is carried out.</p> <p>Please indicate commanding officer/body of the controller?</p>	
7	<p>If the controller is external</p> <p>Was the controller selected by public tender?</p> <p>Is the controller a private or public body?</p>	



	<p>On what basis is the control executed e.g. a service contract, a mandate or other? (Please specify)</p> <p>Is the controller a member of a professional body? If so, please indicate which.</p> <p>Is the controller obliged to respect a professional code of conduct or similar rules defining his/her function and independence?</p>	
8	<p>Please confirm your independence as a controller i.e. that you are not executing tasks under circumstances which could raise any reasonable doubt about your independence.</p>	

Other:

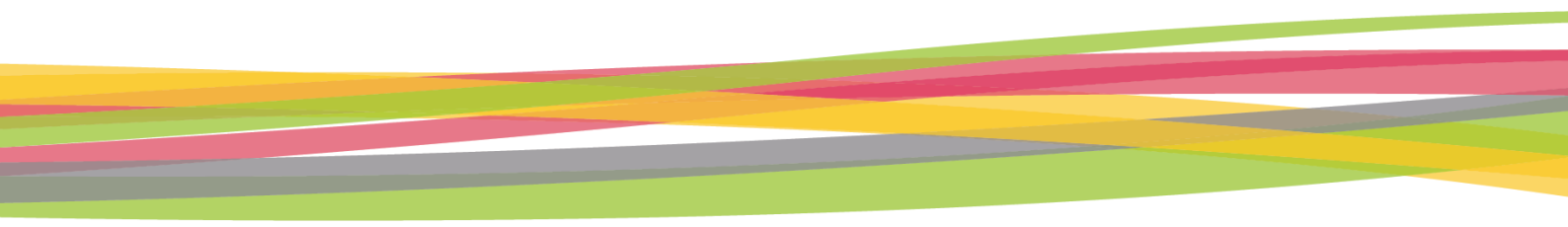
9	<p>Did the controller receive and is familiar with the content and principles of:</p> <ul style="list-style-type: none"> • Project application • The project contract • The partnership agreement • Regulation (EC) 1303/2013? • Regulation (EC) 1301/2013? • Regulation (EC) 1299/2013? • Regulation (EC) 651/ 2014? • Regulation (EC) 1407/ 2013? 	
---	---	--



	<ul style="list-style-type: none"> • INTERREG VB North Sea Region Cooperation Programme (CP) • The North Sea Region Programme Fact Sheets? • Manual for the 1st level control in the Interreg VB North Sea Region Programme? 	
10	Can the controller ensure that his/her work is properly documented and accessible to an extent where it will be possible for a 3 rd party controller to execute control with the same level of confidence based on the control file only?	
13	Can the controller ensure that the control of each periodic report will be carried out within 4 weeks (6 weeks for Lead Beneficiary controllers) after the end of each reporting period?	

Signatures (including place and date):

Project XX	
Beneficiary organisation	Controllers organisation





Beneficiary signature and stamp ¹	Controllers signature and stamp ³

Place, date and stamp

Name of the signatory and signature
 on behalf of the MS Designation body

Designation in online monitoring system

¹ In cases where stamps are not used as a result of internal procedures, please indicate this.

