ANNEX C17: Template for self-certification for mandated body status

Podanie o nadanie przez Komisję Europejską statusu Mandated Body dla projektów realizowanych w ramach przepisów zawartych w Twinning Manual 2017.

(Poprzez usunięcie niepotrzebnej opcji proszę zdecydować czy podanie dotyczy uzyskania statusu tzw. full mandated body czy ad hoc mandated body).

The entity requesting a mandated body hereby certifies it is eligible to the status of:

Full mandated body

* has delivery of public service(s) defined as its main purpose in the legal articles of the entity;
* is under permanent structural supervision of a government authority and/or steered by a board of publically appointed trustees;
* is under the financial control of an entity appointed by the government;
* is subject to audit of a government appointed entity and/or reporting financial statements to a state audit institution;
* has sufficient and proportionate level of permanent staff; meaning inter alia, that the permanent staff has to be commensurate with the requirements of the project so as to avoid the need to subcontract or temporarily hire experts for carrying out Twinning assignments.

The entity requesting a mandated body to contribute to Twinning project: <Twinning project reference and title> hereby certifies it is eligible to the status of:

Ad hoc mandated body

* has delivery of public service(s) defined as its main purpose in the legal articles of the entity;
* is under permanent structural supervision of a government authority and/or steered by a board of publically appointed trustees;
* is under the financial control of an entity appointed by the government;
* is subject to audit of a government appointed entity and/or reporting financial statements to a state audit institution.

The entity applying for ad hoc mandated body with this declaration declare that it is has sufficient capacity to exercise the role foreseen with its own resources.

Authorised person (Full name and role) on behalf of (Full name of institution and acronym).

Poświadczam zgodność z prawdą przedmiotowego oświadczenia.

W przypadku wystąpienia zmian mających negatywny wpływ na spełnianie któregoś z przedmiotowych wymogów zobowiązuję się niezwłocznie, skutecznie powiadomić o tym fakcie Krajowy Punkt Kontaktowy ds. twinningu w Ministerstwie Spraw Zagranicznych.

Signature………………….

**Proszę uzupełnić poniższą tabelę.**

**INFORMATION TO BE PROVIDED**

**IN SUPPORT OF A BODY’S REQUEST FOR A MANDATE**

**(Section 3 of the Revised Twinning Manual)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Acronym** | **Name in Local Language**  **Address**  **Website link** | **Name in English** | **Legal Status** | **Holders of capital**  (or of assets, if the body does not, have legal capital) | **Field of Activity**  Identify Sector and/or area the *Union acquis*  If a (General) Management  Body identify this with the term “Management Body” | **Level of Permanent Staff** | **Supervisory Public Authority**  Describe the degree of supervision/ control by Public authorities.  Describe the areas of delegation of functions and powers.  Describe which Public authorities appoints board members and the percentage of public authority appointed members  Describe how financial controls are exercised and by who and the audit institution auditing the accounts of the body. |