**Qualified Controller- Confirmation Form**

**1. Basic information**

**1.1 Project**

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| **Registration number** |       |
| **Acronym** |       |
| **Project title** |       |
| **Country of the lead partner**  |       |
| **Lead partner** |       |

**1.2 Qualified Controller**

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| **Name**  |       |
| **Profession / Rank** |       |
| **Internal or external CONTROLLER** |       |
| **Private or public sector** |       |
| **Company / Organisation** |       |
| **Address** |       |
| **Telephone** |       |
| **E-Mail** |       |

**1.3 Beneficiary to be controlled**

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| **Organisation** |       |
| **Legal representative of the organisation** |       |
| **Contact person for the project** |       |
| **Function in the project (lead partner or project partner)** |  [ ]  lead partner [ ]  project partner; number:      |
| **Address** |       |
| **Telephone** |       |
| **E-mail** |       |

**1.4 Confirmation of National Controller**

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| **2** | **Professional competence and skills of an internal Controller** | **Only to be filled in by an internal Controller:** |
| **2.1** | Is the unit you belong to authorised to carry out independent financial audits and controls?Please name the regulations. |  [ ]  yes       [ ]  law, rules, etc. attached |
| **2.2** | Are you obliged to accounting rules under public law and the financial rules applicable to the general budget of the European Union and amending regulations? | [ ]  yes      |
| **3** | **Professional competence and skills of an external Controller:**  | **Only to be filled in by an external Controller:** |
| **3.1** | **Private Sector**: |  |
| **3.1.1** | Do you have a qualified degree of an accountant's profession or other relevant qualifications related to audit and control tasks? | [ ]  yes      [ ]  degree evidence attached |
| **3.1.2** | Do you meet one of the following requirements of Article 46 Absatz 9 regulation 2021/1059?

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|  | * be a member of a national accounting or auditing body or institution which in turn is a member of International Federation of Accountants (IFAC);
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|  | * be registered as a statutory auditor in the public register of a public oversight body in a Member State or in an third country
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 | [ ]  yes      |
| **3.1.3** | In case of an accountant’s profession, are you obliged to professional accounting rules or code of professional conduct? | [ ]  yes      |
| **3.2** | **Public sector:** |  |
| **3.2.1** | Are you a member of an independent accounting or control unit under public law?Please name the regulations. | [ ]  yes     [ ]  law, rules etc. attached |
| **3.2.2** | Are you obliged to accounting rules under public law and the financial rules applicable to the general budget of the European Union and amending regulations? | [ ]  yes      |
|  |  |  |
| **4**  | **Relevant experience** | **To be filled in by the Controller:**  |
| **4.1** | Please **describe** your individual professional skills and experience in accounting and auditing (including duration). | [ ]  yes      |
| **4.2** | Please **describe** your experience with structural funds or with the auditing of EU-funded projects (Controller and/or Controllers organization/unit).  | [ ]  yes      |
| **4.3** | Can you confirm that your knowledge of the programme working language (English) is sufficient to read and understand all relevant documents and to draw up audit reports? | [ ]  yes     [ ]  certificate attached (if available) |
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| **5** | **Independence of the Controller** | **To be filled in by the Controller:** |
| **5.1** | Can you confirm that there is no involvement of the Controller in the preparation, in activities or in the budgeting and in payments of the project? | [ ]  yes      |
| **5.2** | Can you confirm that there are no other contractual relationships between the institution of the Controller and the beneficiary to be audited (e.g. institution of Controller ≠ institution of tax accountant)? | [ ]  yes      |
| **5.3** | Can you confirm that there are no kinsmanlike relations between the Controller and project members or persons working for the project or any other conflict of interest as defined in the article 61 EU regulations 2018/1046? | [ ]  yes      |
| **6** | **Independence of an internal Controller**  | **Only to be filled in by an internal Controller:** |
| **6.1** | In case the **Controller belongs to** the **same organisation** as the **project partner**: Can you confirm that there is no super- or subordination between the Controller's and the project partner's unit and there exists a clear division of tasks and responsibilities? | [ ]  yes      |
| **6.2** | Also, if there is a conflict situation, the independence has to be guaranteed. That means the decision of the Controller or his/her unit cannot be overruled by another person working for the beneficiary. Please **describe** how the independence is still guaranteed in cases of conflicts. | [ ]  yes      |
| **6.3** | Please **provide** an **organisational chart** of the beneficiary showing the Controller is independent (organisationally and functionally) from the unit in charge of the project finances and activities. | [ ]  yes     [ ]  attached  |
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| **7** | **Quality assurance of the Controller** | **To be filled in by the Controller:** |
| **7.1** | Can you confirm that you are familiar with the content and principles (non-exhaustive list) of the* applicable EU Regulations (e.g . Regulation (EU) No 2021/1059 and 2021/1060),
* national/regional rules (e.g. LHO, internal rules of the beneficiary),
* public procurement and state aid rules,
* relevant programme documents (e.g. Application Form, Subsidy Contract, Partnership Agreement, Cooperation Programme (CP), Programme Manual),
* as well as information provided via the website [www.nweurope.eu](http://www.nweurope.eu)

and will you base your audits on these regulations? | [ ]  yes      |
| **7.2** | Are you ready to participate in at least one training/seminar foreseen for the Controller? | [ ]  yes      |
| **7.3** | Can you confirm that you will carry out on-the-spot verifications as set by the programme? | [ ]  yes      |
| **7.4** | Within the framework of any audits, like quality reviews or second level control, can you assure that you will cooperate, implement findings, recommendations (follow-up) and present all relevant documents? | [ ]  yes      |
| **7.5** | Can you confirm you have noted, that if the performance of controllers in decentralised systems casts doubts on their professional standards, the Managing authority reserves the right to require that the selected controller is replaced, in consultation with the national responsible body. | [ ]  yes      |
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| **8** | **Documentation and time limit** | **To be filled in by the Controller:** |
| **8.1** | According to the internationally accepted audit standards (e.g. ISA, INTOSAI and IIA), do you confirm that you will document the control in a way that any other auditor can perform the control again with the only use of the control file? | [ ]  yes      |
| **8.2** | Can you confirm that you will use the control templates set by the programme (e.g. report, checklist)? | [ ]  yes      |
| **8.3** | Can you confirm that you will submit the Controller Certificate to the beneficiary at the latest three months after receipt of the documents by the beneficiary, however your aim shall be submitting the signed certificate to the Lead Partner one month before submission date (as set in the subsidy contract)? | [ ]  yes      |
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| **9** | **Confirmation of the Controller** | **To be filled in by the Controller:** |
| **9.1** | In case of a complaint, can you confirm that you will implement the final decision of the Complaint Panel? | [ ]  yes      |
| **9.2** | Can you confirm that in case of any change in responsibility as National Controller or your resignation, you will inform the Coordinating Body (interreg-nwe@ofdka.bwl.de) | [ ]  yes      |

**Signatures**

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| **Signature and stamp of the Controller for confirmation:** |
|       |
| **Place date Controller's signature** |

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| **Signature and stamp of the supervisor of the Controller for confirmation (optional):** |
|       |
| **Place date supervisor´s signature** |

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| **Signature and stamp of the beneficiary for taking note of the confirmation:** |
|       |
| **Place date Beneficiary's signature** |