



North-West Europe

Qualified Controller- Confirmation Form

1. Basic information

1.1 Project

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

1.2 Qualified Controller

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

1.3 Beneficiary to be controlled

Organisation	
Legal representative of the organisation	
Contact person for the project	
Function in the project (lead partner or project partner)	<input type="checkbox"/> lead partner <input type="checkbox"/> project partner; number:
Address	
Telephone	
E-mail	

1.4 Confirmation of National Controller

2	Professional competence and skills of an internal Controller	Only to be filled out 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.	<input type="checkbox"/> yes <input type="checkbox"/> 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?	<input type="checkbox"/> yes
3	Professional competence and skills of an external Controller:	Only to be filled out 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?	<input type="checkbox"/> yes <input type="checkbox"/> degree evidence attached
3.1.2	Do you meet one of the following requirements of Article 46 Absatz 9 regulation 2021/1059? <ul style="list-style-type: none"> - be a member of a national accounting or auditing body or institution which in turn is a member of International Federation of Accountants (IFAC); - be registered as a statutory auditor in the public register of a public oversight body in a Member State or in an third country 	<input type="checkbox"/> yes
3.1.3	In case of an accountant's profession, are you obliged to professional accounting rules or code of professional conduct?	<input type="checkbox"/> 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.	<input type="checkbox"/> yes <input type="checkbox"/> 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?	<input type="checkbox"/> yes

4	Relevant experience	To be filled out by the Controller:
4.1	Please describe your individual professional skills and experience in accounting and auditing (including duration).	<input type="checkbox"/> yes
4.2	Please describe your experience with structural funds or with the auditing of EU-funded projects (Controller and/or Controllers organization/unit).	<input type="checkbox"/> 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?	<input type="checkbox"/> yes <input type="checkbox"/> certificate attached (if available)

5	Independence of the Controller	To be filled out by the Controller:
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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?	<input type="checkbox"/> 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)?	<input type="checkbox"/> 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 41 EU regulations 2018/1046?	<input type="checkbox"/> yes
6	Independence of an internal Controller	Only to be filled out 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?	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> yes <input type="checkbox"/> attached

7	Quality assurance of the Controller	To be filled out by the Controller:
7.1	Can you confirm that you are familiar with the content and principles (non-exhaustive list) of the <ul style="list-style-type: none"> • 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 and will you base your audits on these regulations? 	<input type="checkbox"/> yes
7.2	Are you ready to participate in at least one training/seminar foreseen for the Controller?	<input type="checkbox"/> yes

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7.3	Can you confirm that you will carry out on-the-spot verifications as set by the programme?	<input type="checkbox"/> 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?	<input type="checkbox"/> 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.	<input type="checkbox"/> yes

8	Documentation and time limit	To be filled out 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?	<input type="checkbox"/> yes
8.2	Can you confirm that you will use the control templates set by the programme (e.g. report, checklist)?	<input type="checkbox"/> 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)?	<input type="checkbox"/> yes

9	Confirmation of the Controller	To be filled out by the Controller:
9.1	In case of a complaint, can you confirm that you will implement the final decision of the Complaint Panel?	<input type="checkbox"/> yes

Signatures

Signature and stamp of the <u>Controller</u> for confirmation:		
Place	date	Controller's signature

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Signature and stamp of the <u>supervisor</u> of the <u>Controller</u> for confirmation (optional):		
Place	date	supervisor's signature

Signature and stamp of the <u>beneficiary</u> for taking note of the confirmation:		
Place	date	Beneficiary's signature