**Annex to the national Controller Contract/Mandate**

**Controller Confirmation Form for Germany (CCF)**

**Basic Information**

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| **1** | **Basic information of the project** | **To be filled out by the controller:** |
|  | Registration number |  |
|  | Acronym |  |
|  | Project title |  |
|  | Country of the lead partner |  |
|  | Lead partner |  |
|  |  |  |
| **2** | **National Controller** | **To be filled out by the controller:** |
|  | Name |  |
|  | Profession/Rank |  |
|  | Internal or external controller |  |
|  | Private or public sector |  |
|  | Company/Organisation |  |
|  | Address |  |
|  | Telephone |  |
|  | Email |  |
|  |  |  |
| **3** | **Beneficiary to be controlled** | **To be filled out by the controller:** |
|  | Organisation |  |
|  | Legal representative of the  organisation |  |
|  | Contact person of the project |  |
|  | Function in the project | lead partner  project partner |
|  | Address |  |
|  | Telephone |  |
|  | Email |  |

**Confirmation of national control**

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| **4** | **Professional competence and skills of an  internal controller:** | **Only to be filled out by an  internal controller:** |
| 4.1 | Is the unit you belong to authorised to carry out independent financial audits and controls?  Please name the regulations. | law, rules, etc. attached |
| 4.2 | Are you obliged to accounting rules under public law? |  |
| **5** | **Professional competence and skills of an external controller:** | **Only to be filled out by an  external controller:** |
| 5.1 | Private Sector: |  |
|  | Do you have a qualified degree of an  accountant's profession or other relevant qualifications related to audit and control tasks? | degree evidence attached |
|  | In case of an accountant's profession, are you obliged to professional accounting rules or code of professional conduct? |  |
| 5.2 | Public Sector: |  |
|  | Are you a member of an independent  accounting or control unit under public law?  Please name the regulations. | law, rules, etc. attached |
|  | Are you obliged to accounting rules under  public law? |  |
|  |  |  |
| **6** | **Relevant experience** | **To be filled out by the controller:** |
| 6.1 | Please describe your individual professional skills and experience in accounting and auditing (including duration). |  |
| 6.2 | Please describe your experience with structural funds or with the auditing of EU-funded projects (controller and/or controller's organization/unit). |  |
| 6.3 | 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? | certificate attached (if available) |
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| **7** | **Independence of the controller** | **To be filled out by the controller:** |
| 7.1 | 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? |  |
| 7.2 | Can you confirm that there are no other  contractual relationships between the institution of the controller and the beneficiary to be audited (e.g. national controller ≠ tax accountant)? |  |
| 7.3 | Can you confirm that there are no kinsmanlike relations/interweavements between the controller and project members or persons working for the project? |  |
| **8** | **Independence of an internal controller:** | **Only to be filled out by the  internal controller:** |
| 8.1 | In case the controller belongs to the same  organisation as the beneficiary:  Can you confirm that there is no super- or  subordination between the controller's and the beneficiary's unit and there exists a clear division of tasks and responsibilities? |  |
| 8.2 | 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 guaranteed in cases of conflicts. |  |
| 8.3 | 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. | attached |
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| **9** | **Quality assurance of the controller** | **To be filled out by the controller:** |
| 9.1 | 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 1303/2013, 1299/2013 and 481/2014), * national/regional rules (e.g. LHO, internal rules of the beneficiary), * public procurement and state aid rules, * relevant programme documents (e.g. the Cooperation Programme, the Implementation Manual, the approved project application, the Subsidy Contract, the Partnership Agreement) * as well as information provided via the website [www.interreg-central.eu](http://www.interreg-central.eu) /   [www.interreg-central.de](http://www.interreg-central.de)  and will you base your audits on these regulations? |  |
| 9.2 | Are you ready to participate in at least one training/seminar foreseen for national controllers? |  |
| 9.3 | Can you confirm that you will carry out on-the-spot verifications as set by the programme? |  |
| 9.4 | With regard to the description of the National Control System quality reviews will be  implemented by the Coordinating Body (CB). In this case, can you confirm that you will present all relevant documents? |  |
| 9.5 | Within the framework of any audits, can you assure that you will implement findings and recommendations (follow-up)? |  |
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| **10** | **Documentation and time limit** | **To be filled out by the controller** |
| 10.1 | According to 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? |  |
| 10.2 | Can you confirm that you will use the control templates set by the programme (e.g. Checklist, Report)? |  |
| 10.3 | Can you confirm that you will submit the signed certificate to the beneficiary at the latest three months after receipt of the documents by the beneficiary? However, can you confirm that your aim will be submitting the signed certificate to the beneficiary within two months after the end of the reporting period? |  |
| 10.4 | Can you confirm that there are contractual clauses or work orders or similar documents (for internal controllers) between the controller and the beneficiary regarding the time limits (e.g. time limit for beneficiaries submitting the documents to the controller, timeframe of clarification rounds)? |  |
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| **11** | **Confirmation of the controller** | **To be filled out by the controller** |
| 11.1 | In case of a complaint, can you confirm that you will implement the final decision of the Complaint Panel? |  |

**Signatures**

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| **Signature and stamp of the controller for confirmation:** |
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| Place…………………………………date…………..controller's signature |

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| **Signature and stamp of the supervisor of the controller (optional):** |
|  |
| Place…………………………………date…………..controller's signature |

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