

**First Level Controller designation checklist**

(To be filled in by the project partner in relation to the proposed controller. This checklist should then be presented to the Funds and Programmes Division (FPD) so as to designate the first level control function, pertaining to the relevant project, to such Controller through the award of a certificate.)

**Proposed Partner Controller**

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| The nature of controller request (indicate if this is a *first appointment* or a *replacement appointment*) |  |
| Name of the controller (should be a named individual in the organisation) |  |
| Organisation (if applicable)  |  |
| Department/ Unit/ Division |  |
| Address |  |
| Telephone  |  |
| E-mail address |  |

**Project**

|  |  |
| --- | --- |
| Name of project |  |
| Acronym |  |
| Reference number |  |
| Project duration  |  |
| - Start date |  |
| * End date
 |  |

**Project Partner**

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| --- | --- |
| Name of the project coordinator |  |
| Division |  |
| Organisation |  |
| Legal Status. Indicate if organisation is* Public authority,
* Public law body (body governed by public law),
* Private profit-making body,
* Private non-profit body.
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| For private non-profit bodies:VO registration number  |  |
| Address |  |
| Telephone  |  |
| E-mail address |  |

**General**

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| 1. Did the controller receive and study the following documents?[[1]](#footnote-1)□ ENI CBC Med Programme manual, including control guidance and templates for the control certificate and control report with checklist.□ Application form?□ Subsidy contract?□ Partnership agreement? |  |
| 2. Can the controller ensure that the work shall be properly documented and accessible to ensure an efficient review of the work in a way that any other controller/auditor can perform again the control only using the control file? |  |
| 3. Can the controller ensure carrying out 100% check of the expenditure included in each claim based on the guidelines stipulated in the Programme manual and the national eligibility guidelines and also to submit a first level control certificate together with a first level control report including a checklist as established by the Programme1? 1Reporting is to be made to the programme through the online system. |  |
| 4. In case of suspicion of fraud, can the controller ensure to report suspected or established fraud cases to the managing authority through the specific programme template? |  |
| 5. Can the controller ensure that at least one physical on-the-spot check throughout the project lifetime is carried out so as to ensure that project deliverables are in place and working well, and to ensure that the working documents are properly documented and accessible? |  |
| 6. Can the partner and the controller ensure that the work will be carried out within 2 months after the end of each reporting period and to send a copy of the verification certificate to the FPD? |  |
| 7. Is the controller willing to attend any training events/ bilateral meetings organised by the Programme and/or the FPD, and to keep abreast of any updates of the Programme manual, procurement regulations, guidance notes, circulars and other relevant documentation?  |  |
| 8. Will the controller carry out the work in accordance with International Standards on Auditing as well as the programme guidelines?  |  |

**Information regarding the selection of the controller**

Is the controller

□ internal (employed by the project partner organisation)? or

□ external (not employed by the partner organisation)?

*a) If the controller is an external controller*

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| --- | --- |
| 1. Is the control body private or public? |  |
| 2. What is the basis for the controller to carry outthe control? (Reference should be made to the letter of engagement signed by the project partner and the controller and any other relevant documents). Please specify. |  |
| 3. Given that the controller is external indicate how the auditor was selected? (specify the procedure taken e.g. tender or request for quotation etc). |  |
| 4. Does the controller adhere to the code of ethics issued by the accountancy board and carry out his/her audit assignments in conformity with generally accepted auditing standards in particular International Standards on Auditing? |  |

b) If the controller is an internal controller

|  |  |
| --- | --- |
| 1. Is the controller’s independence in accordance with the code of ethics and underlying the auditing principles such as independence? If yes, please specify. |  |
| 2. To whom in the partner organisation is the controller accountable (e.g. management,council, supervisory board)? |  |
| 3. Please provide an organisational chart whichshows the units where the activities andfinances are managed, where the paymentsare approved and where the control is carriedout. |  |

**Professional skills and competences**

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| --- | --- |
| 1. Please describe the controller’s individualprofessional skills and knowledge in thecontrol/audit field.Provide a certified true copy of the controller’s Europass CV. |  |
| 2. Please describe the controller’s individualprofessional skills and knowledge in EU funded projects.  |  |
| 3. Does the controller have sufficient knowledge of the relevant EU regulations2, set out on a Programme level as well as the eligibility rules, guidance notes and circulars prepared by the FPD? 2 Regulations which give an overview of the eligibility principles include Regulation (EU) No 481/2014, Articles 61 and 65, Article 68 (1) (b) and Article 67 (1) (c),Article 69 (3), Regulation (EU) No 1303/2013 Article 125, Article 126 and 127. Regulation (EU) No 1299/2013 Article 13 (2), Article 20, Article 23 and Article 28. |  |
| 4. Does the controller have sufficient knowledge of national rules, which include public procurement rules, employment legislation and regulations, state aid regulations and VAT legislation? |  |
| 5. Is the controller’s knowledge of Englishsufficient in order to read and understand allrelevant documents?  |  |
| 6. Have the controller’s skills and competencesbeen matched against his/her Europass CV? |  |
| 7. Is the controller registered, i.e. included on the list of Maltese Registered Auditors endorsed by the accountancy board (this requirement is obligatory) or a member of a professional organisation such as the Malta Institute of Accountants? Please specify and provide Warrant number. |  |

 **Independence**

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| 1. Can you confirm that the controller, unit and organisation, that the controller is working for is professionally independent from the unit dealing with the activities and finances of the project partner and is hence not involved in:· project approval· project activities (incl. signature of project report as project partner);· project finances (project accounting andpayment orders)? |  |
| 2. Can you confirm that there are no relationsof blood or marriage between the controllerand employees/ managers of the unit in chargeof the project activities and finances? |  |
| 3. Is the controller independent of mind, i.e. doesnot feel dependent on the entity /unit to becontrolled in any other way?  |  |

The information provided above applies to any controller of the control body that is or will be in charge of verifying the partner’s expenditure. Any changes will be communicated to the designation body, i.e. the Funds and Programmes Division.

**Signatures**

|  |  |
| --- | --- |
| Partner’s signature | Controller’s signature |
|  |  |
| Date | Date |

**For Office Use**

Contents of checklist is noted and confirmed. No objections to the designation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is being registered.

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| --- | --- | --- |
| Nominated officer from TCU | Director Programmes and Projects | Nominated officer from FCU |
| Name Designation Signature | NameDesignation Signature | NameDesignationSignature |
| Date | Date | Date |

1. The proposed Controller must be forwarded these documents before signing this checklist. [↑](#footnote-ref-1)