

Municipality of Alghero

Via Sant'Anna 38

07041 Alghero

**SUBJECT: Request for participation - Selection for the assignment of a consultancy contract for services in financial management assistance to the Tunisian partners and final reporting of the project "INTERNATIONAL AUGMENTED MED 'I AM' IA/1.2 /113 PROGRAMMA ENPI CBC MED - MISURA PRIORITA' 1.2 TURISMO SOSTENIBILE"**

**Approved with resolution n.982 del 5.11.2015**

The undersigned \_\_\_\_\_, M/F, place of birth \_\_\_\_\_  
date of birth \_\_\_\_\_  
address \_\_\_\_\_ postal code \_\_\_\_\_  
city/country \_\_\_\_\_ social security number \_\_\_\_\_  
\_\_\_\_\_; VAT registration number \_\_\_\_\_ (if applicable)  
telephone \_\_\_\_\_  
email \_\_\_\_\_  
\_\_\_\_\_

#### REQUESTS

To be admitted as a candidate in the selection process stated in subject.

Therefore, aware of the criminal responsibility resulting from false declarations, with regard to articles 46 and 47 of Italian Law D.P.R. 445/00, under his/her own responsibility,

#### DECLARES

- a) Be citizens of the European Union or an ENI partner country, of a pre-accession country, a member state of the European Economic Area, or a state which is eligible under articles 8 and 9 of EU Regulation 236/2014;
- b) Have full exercise of their civil and political rights;
- c) Not have been subject to penal convictions or be subject of penal, civil or administrative judiciary proceedings;
- d) Not be in any of the cases of incompatibility as foreseen in the relevant regulations for the implementation of the tasks.
- e) Not have any conflict of interest with regard to the activities described at art. 3
- f) To hold the following University Degree (Bachelor's of Masters Degree, equivalent to Italian Laurea, Laurea Magistrale or Laurea Specialistica) \_\_\_\_\_

To have:

- Knowledge of written and spoken English and French corresponding to the C1 level of the Common European Framework of Reference for Languages<sup>1</sup> or equivalent;

*Please, specify the level of knowledge of English and French:*

<b>English</b>	<input type="checkbox"/> C1 <input type="checkbox"/> C2
<b>French</b>	<input type="checkbox"/> C1 <input type="checkbox"/> C2

- Certified or otherwise documented IT skills

*Please provide a description of these competences and indicate how they were acquired by completing the following table.*

Competence	How it was acquired

- At least 8 years of experience in the financial management of EU funded projects (not ENPI funded projects):

Organisation (name and address)	Position held and description of main tasks /responsibilities	Name of Programme/project(s)	Period (mm/yyyy)		Tot.n° of projects	Tot. n° of months
			From	to		

<sup>1</sup> See the self assessment grid at: <http://europass.cedefop.europa.eu/LanguageSelfAssessmentGrid/en>.  
Annex A request for participation – International Augmented Med project

- experience as **Financial Manager** of EU funded projects (not ENPI funded projects):

Organisation (name and address)	Position held and description of main tasks /responsibilities	Name of Programme/project(s)	Period (mm/yyyy)		Tot.n° of projects	Tot. n° of months
			From	to		

- Experience as **Financial Manager** or technical financial assistance of ENPI CBC MED financed projects and their relevant regulations ( at least 2 years of experience)

Organisation (name and address)	Position held and description of main tasks /responsibilities	Name of Programme/project(s)	Period (mm/yyyy)		Tot.n° of projects	Tot. n° of months
			From	to		

- Further professional experience, in addition to the 7 years required as minimum admission requirement, in the financial management of EU funded projects:

Organisation (name and address)	Position held and description of main tasks /responsibilities	Name of Programme/project(s)	Period (mm/yyyy)		Tot. n° of months
			From	to	


- Previous work experience in one or more countries participating in the project.:

Organisation (name and address)	Position held and description of main tasks /responsibilities	Name of Programme/project(s)	Period (mm/yyyy)		Tot. n° of months
			From	to	

The undersigned declares to be aware that the Municipality of Alghero cannot assume responsibility for the loss of any correspondence due to incorrect indication of address or due to the non communication or late communication of an address change, nor can the Municipality be held responsible for any correspondence being lost in the postal system due to factors beyond the control of the Municipality.

The undersigned expressly agrees that his/her personal data is treated for the administration of the present procedure, in respect of Italian Law D. Lgs. 196/2003. The undersigned takes note of the fact that the Municipality, in case of inexact or false declarations, has the right to exclude the candidate from the assignment, also after this assignment has been attributed, with regard to articles 46 e 47 of Italian Law D.P.R. 445/00.

Annex:

- Copy of valid personal identification document nr. \_\_\_\_\_ released by \_\_\_\_\_ on the date \_\_\_\_/\_\_\_\_/\_\_\_\_

- C.V. in Italian and English in the Europass EN format

- Affidavit

Place, \_\_\_\_\_, date, \_\_\_\_\_

Signature \_\_\_\_\_