**FIRST LEVEL CONTROL REPORT ON SUSPECTED OR ESTABLISHED FRAUD**

I hereby inform the Managing Authority of the Interreg NWE Programme that, based on the provided documents, on my verification and my professional judgement as a first level controller, I have found evidence of or become aware of suspected or established fraud for the following project beneficiary:

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| --- | --- |
| Project number | *To be filled-in by FLC* |
| Project acronym | *To be filled-in by FLC* |
| Project title | *To be filled-in by FLC* |
| Partner number | *To be filled-in by FLC* |
| Name of partner organisation | *To be filled-in by FLC* |

1. **Typology of suspected or established fraud**

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| *Please explain in detail the nature of suspected or established fraud that you wish to inform the Programme about (some examples of fraud are conflict of interests, fake declarations, double funding, etc.)* |
| *To be filled-in by FLC* |

1. **Financial perimeter of the suspected or established fraud**

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| --- | --- |
| Concerned Partner claim(s) | *To be filled-in by FLC* |
| Concerned budget line(s) | *To be filled-in by FLC* |
| Concerned work package(s) | *To be filled-in by FLC* |
| Amount of expenditure concerned (in EUR) | *To be filled-in by FLC* |

1. **Founding principles leading to fraud suspicion or established fraud**

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| *Please explain in detail the reasons/circumstances leading you to suspect the existence of fraud or to report established fraud for this specific project beneficiary (i.e Why do you think there may be fraud? / How did you become aware of the suspected/established fraud?).* |
| *To be filled-in by FLC* |
| *Please provide some concrete facts about the suspicion of fraud or the details of the established fraud (including reference of the competent authority/court decision for established fraud)* |
| *To be filled-in by FLC* |
| *Please indicate the actions you already undertook to analyze the specific case in-depth.*  *Please also specify if you reported this suspected or established fraud to any other competent authority and/or initiated any administrative or judicial proceedings in relation to this case.* |
| *To be filled-in by FLC* |

1. **Potential impact of the suspected or established fraud outside the project**

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| *If applicable, please list other EU co-funded Programmes and projects in which the same beneficiary is involved (to your knowledge)* |
| *To be filled-in by FLC* |
| *Please add any complementary indication you deem useful to identify and limit the impact of the suspected or established fraud* |
| *To be filled-in by FLC* |

**I hereby declare that the above information is, to the best of my knowledge, complete, accurate and true.**

**I am aware that the Interreg NWE Programme and national competent bodies may use this information for undertaking further investigations and appropriate legal actions in relation to suspected unlawful activity if required.**

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| FLC Name and Surname | | | *To be filled-in by FLC* | | | | |
| FLC Organisation | | | *To be filled-in by FLC* | | | | |
| Location | | | *To be filled-in by FLC* | | | | |
| Date | | | *To be filled-in by FLC* | | | | |
|  |  |  |  |  |  |  |  |
| FLC Signature | | | *To be filled-in by FLC* | | | | |
| FLC Stamp (if available) | | | *To be filled-in by FLC* | | | | |