**(Title of organisation which detected irregularity)**

**(Date)**

**(Place)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Programme** | Interreg VI-A Lithuania-Poland cooperation Programme | |
| **2.** | **Project No.** |  | |
| **3.** | **Project title** |  | |
| **4.** | **Priority** |  | |
| **5.** | **Institution which detected irregularity** | Title | |
| Code | |
| Address | |
| Responsible person (position, name and surname, tel., e-mail)  Contact person (position, name and surname, tel., e-mail) | |
| **6.** | **Partner concerned** | Title | |
| Code | |
| Address | |
| Responsible person (position, name and surname, tel., e-mail) | |
| **7.** | **Date and method of irregularity detection** | Date:  The method of identification of irregularity:  While checking partners report and (or) project reports and payment requests to the MA  If partners refuse to provide necessary documents or provide false or wrong documents requested by Programme institutions on the project or its implementation progress  While performing audits and other controls, on-the- spot checks  After receiving information from the third parties  Other cases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(indicate)* | |
| **List of Documents attached:** | *(all documents justifying the irregularity case should be attached as annex to the notification, e. g. Check on spot checklist, audit report, summary of findings and etc.)* | |
| **8.** | **Description of detected irregularity\*** | * which points of the Subsidy Contract were breached; * what legal acts (EC and national) were not followed; * which budget line is related to the detected irregularity; * what is report number where irregular expenditure were declared; * in case guidelines for determining financial corrections are applied, points should be indicated; * information about detected irregularity. | |
| **9.** | **Suggested actions:** | ACTION I | |
| *Description of action:* | |
| *Name of Institution what shall take proposed action:* | |
| *When action shall be taken:* | |
| ACTION II | |
| *Description of action:* | |
| *Name of Institution what shall take proposed action:* | |
| *When action shall be taken:* | |
| **10.** | **Amount of ineligible/**  **irregular expenditure detected in euro**  (all documents justifying detailed calculations of the amount of ineligible expenditures should be attached as annex to the notification) | Total amount | ERDF amount |

The name, surname, position and the signature of a person prepared the notification, date

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The name, surname, position and the signature of the authorised person of the institution detected irregularity, date