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19 OCT 2017

Application for Financial Support for operational meeting(s) [OMs] relating to on-going/future oberations/investigations (to be requested by EU MS)* or for EMPACT strategic meeting(s) or for annual FP meeting(s) (the 2 later to be requested by Europol Business areas) JOINT ACTION DAYS **OPERATIONAL MEETING** X ANNUAL FP MEETING **EMPACT STRATEGIC MEETING** SIENA (to be filled in by requesting MS or OD expert from concerned business area for operational meetings) Op Cardon Operation's name (for OMs) **Europol number (to be filled in by ODMO) DMS# Reference Number**

In order to calculate the cost of the meeting and to provide Conference and Travel with all the relevant information to organise the meeting, please complete part. 1 of this form:

1.1. PART 1 – APPLICATION (to be filled by MS or OD expert from concerned business area)

REQUESTER		
Lead EU Member State		
Submitter's name/contact person in the EU MS		
Phone number		
E-mail		
Responsible unit/organisation in the EU MS		
Concerned AWF and focal point		
EMPACT priority/priorities please quote the relevant Action number of the concerned OAP		

FINANCIAL SUPPORT REQUESTED		
	Travel	\boxtimes
Means of Expenditure	Accommodation	
List of participating MS / Cooperation Partner ¹ involved in	List of countries to be c	overed by Europol:
Cooperation Partner ¹ involved in the meeting and requesting to be	France, Belgium, Ger Switzerland	many, Poland and

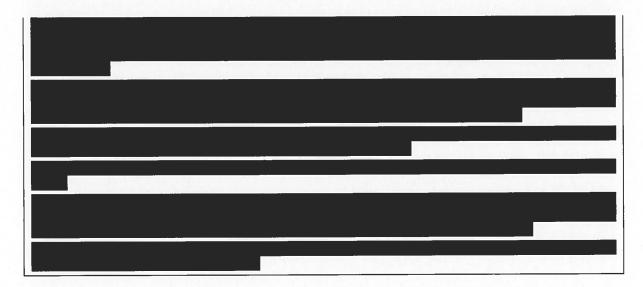
funded by Europol (1 max/country unless formal justification)*	Justification for more than 1 expert to be covered by Europol: Attendees/Countries not covered by Europol:
Number of nights (1 max/attendee unless formal justification)*	1
Venue of meeting *	Centro Policial Canillas Julián González Segador s/n Madrid (Spain)
Date(s) of meeting	15 th and 16 th February
Start and end time of the meeting	Start time: 15 th Feb at 12:00 End time: 16 th February at 15:00
Extra allowances (provide specific justification)*	
Participation of Eurojust	Yes ☐ No ⊠
Is the meeting related to coordination meetings at	Yes □ No ⊠
Eurojust?	If Yes, please specify date and lead National Member/reference of the meeting:

Additional information re	equired for meetings taking plac	e abroad
Full address of the meeting venue required in order to book a suitable hotel:		
If the meeting takes place	Participants covered	4
abroad, please indicate the number of rooms to be booked for:	Participants not covered	4
	Europol staff	1

In order for Europol (O1) to assess your request and approve (or not) your request for financial support, please complete the case summary here under and part 2:

CASE Summary & aim of the meeting (to be filled by MS or requesting expert from concerned business area)
The meeting will discuss different aspects from Operation CARDON, which targets a criminal group involved in weapons trafficking, racketeering and money laundering.

^{*} THIS FORM AND THE REQUEST FOR FINANCIAL SUPPORT MUST NOT BE USED TO COVER MEETINGS FUNDED UNDER THE EMPACT GRANT AGREEMENT /EMPACT DELEGATION AGREEMENT



I herewith certify that the information provided is complete, accurate and correct. In case the meeting is linked with other activities I herewith certify that I do **NOT** receive for this meeting/action any **EU** (grant) funding from another source (i.e. Internal Security Fund (ISF) or Eurojust JIT funding, or Europol EMPACT Delegation agreement, or ISEC funding). Should this information be incorrect or inaccurate, I acknowledge that Europol is entitled to claim full reimbursement of the financial contribution received.

I acknowledge that Europol is under no obligation to accept my request for financial support. Any amount of costs incurred due to the submitted and validated application for the relevant meeting shall be eligible for payment by Europol only if incurred in accordance with these guidelines and if evidenced by any appropriate supporting documentation.

Europol shall not be liable for any loss or damage caused to any participant of the EU MS or Cooperation Partners/Third States involved in the meeting/action, unless in the event of wilful misconduct or gross negligence on the part of Europol.

 \boxtimes I certify having read the disclaimer and having undertaken the necessary checks to comply with the requirements specified.

Place	The Hague
Date	

Signature of the	
from EU MS	
	Signature of the requesting party from EU MS

PART 2: OPERATIONAL ASSESSMENT

	REQUEST ASSESSMENT	
Is the Operational meeting:		
Establishing a horizontal focus across all crime areas or mainstreaming financial intelligence	YES	NO
Focusing on key mandated areas*	YES	NO 🗆
Offering services tailored to regional needs	YES 🖾	NO
Linked to the establishment of a JIT or Task Force	YES	NO ⊠
Follow-up of meeting already financially supported If yes, please indicate the references of the previous meetings:	YES	NO M
What is the role(s) for cooperation partners in the case/ operational meeting?	participating cour - To discuss future ste	ps n all the involved MS/TP
What are the expected outcomes of this meeting?	OCG in the differ	steps, steps, s criminal activity from this ent countries, al crimes committed by this

ASSESSMENT BY THE OD EXPERT OF THE RELEVANT BUSINESS AREA		
Expert from relevant business area assessment of the request	POSITIVE	NEGATIVE
Name & signature		
Business area manager name & signature		

 $[\]ensuremath{^*}$ see guidelines at the end of the document

HoBa or his alternate in case of absence of HoBa is compulsory			
Name & signature	POSITIVE	NEGATIVE □	

PART 3: OVERALL ASSESSMENT (to be filled in by ODMO in cooperation with operational centre)

	FINANCI	AL ASSESSMENT
Total cost of the suppor	t requested	
Current budget availabl	e	
		ACCECCULATE AND DECOMMENDATION
OPERATIONAL (CENTRE FINAL	ASSESSMENT AND RECOMMENDATION
Name & signature		
Name & signature		
	AUTHORISI	NG OFFICER DECISION
Agreed as per operational	YES	NO
assessment from O1		
		Comment:
		Comment:
		Comment:
Date:	Signature	Comment:

GUIDELINES

Part 1 - Venue of meeting

When the venue of the meeting is outside Europol, **the requester** (OD Business area or lead MS) shall gather the relevant financial identification details of the hotel prior to the meeting date. In this way Europol can assure timely update of the Europol financial system and payment of the invoice to the account of the hotel.

Part 1 - Number of attendees

When the number of attendees is above 1 or a Cooperation partner/third state participant is required, **the requester** (OD Business area or lead MS) shall provide for proper justification.

Part 1 - Number of hotel nights

Where hotel accommodation is required **the requester** (OD Business area or lead MS) should provide justification, in particular if it concerns more than one overnight stay for individual participants.

Part 1 - Extra allowances

The requester (OD Business area or lead MS) shall justify any request for extra allowances. The approval of such a request will be the exception.

Part 2 – Prioritised types of crime = EMPACT priorities 2015



Priority	
Facilitation of Illegal Immigration	
Trafficking in Human Be	ings
Organised Property Crim	e
Synthetic Drugs	
Heroin and Cocaine Traf	ficking
Counterfeited Goods	
Firearms	
MTIC/ Excise Fraud	
Cybercrime, Cyber Attac	ks
Cybercrime, Card Fraud	
Cybercrime, Child sexua exploitation]

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