



Fermanagh & Omagh  
District Council  
Comhairle Ceantair  
Fhear Manach agus na hÓmaí

# Claim Pack

## Remembering & Commemoration - Decade of Centenaries Grant Aid

A sample claim pack can be viewed on the Council's website: [www.fermanaghomagh.com](http://www.fermanaghomagh.com),  
under Funding & Grants or if you require Officer assistance please contact  
the Funding & Investment Unit  
T: 0300 303 1777 E: [grants@fermanaghomagh.com](mailto:grants@fermanaghomagh.com)

## Fermanagh and Omagh District Council Claim Checklist

**Checklist: (For Grant Awards of £1,000 or Over)**

		YES/NO
1.	<b>Completed Claim Form</b> (Signed by two office bearers, attached)	
2.	<b>Original Invoices</b>	
3.	<b>Bank Statements*</b>	
4.	<b>Income &amp; Expenditure Sheet</b> FOR PROJECT ONLY (Signed by two office bearers, attached)	
5.	<b>Procurement Quotations</b> Please refer to Point 2 of your Letter of Offer - Terms & Conditions. Original Quotations must be submitted with claim	
6.	<b>Evidence of Outputs &amp; Specific Requirements</b> (As outlined in your letter of offer)	
7.	<b>Bank Automated Clearing System - (BACS)</b> (Signed, attached)	
8.	<b>Post-Project Evaluation Form</b> (Signed, attached)	
9.	<b>Press Clippings</b> (If applicable)	
10.	<b>Any other Information as Requested</b>	

\* If you are unable to provide an original bank statement, please see Terms and Conditions for acceptable bank statement formats. Please complete this claim pack once the project has taken place and submit the necessary documentation by the **Claimed For By Date** outlined in your Letter of Offer.

Please Return To:

**Grant Claims  
Funding and Investment Unit  
Fermanagh and Omagh District Council**

Either:

**2 Townhall Street  
Enniskillen  
Co Fermanagh  
BT74 7BA**

or

**The Grange  
Mountjoy Road  
Omagh  
Co Tyrone      BT79 7BL**

## Funding & Investment - Expenditure Claim Form

<b>Name of Organisation:</b>										
<b>Project Title:</b>										
<b>Project Date:</b>					<b>Grant Funding Awarded:</b>					
Invoice Date	Description of Eligible Expenditure	Supplier	Date Paid	Cheque Number/ Debit or Credit Card Ref	Net	Vat	Total	Office Use		
								Inv	BS	Chq
<b>Total</b>										

**Grant Aid Requested** .....£.....

**Date of Letter of Offer** .....

**Is applicant group VAT registered:** ...YES / NO.... (please circle)

**Declaration:** I certify that all the figures provided in respect of this project has been verified to be true and accurate.

I certify that all documents are held to support all the figures included on this claim form and in relation to all income and expenditure associated with the project.

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Official Use Only

Checked: \_\_\_\_\_ (Funding & Investment Officer/Project Officer)      Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## Income and Expenditure Sheet

Group Name: \_\_\_\_\_

Project Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

[illegible]

**Balance =**

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Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

*Income & Expenditure Sheet to be signed and dated by two Office Bearers.*



## **BANK AUTOMATED CLEARING SYSTEM (BACS)**

In order to process your grant payment FODC require your bank account details.  
To facilitate this please complete and return this form along with your grant aid claim.

NAME OF ORGANISATION/INDIVIDUAL:

ADDRESS:

POSTCODE:

TELEPHONE:

BANK NAME & ADDRESS:

NAME OF ACCOUNT HOLDER:

SORT CODE:

ACCOUNT NO:

BUILDING SOCIETY ROLL NO (if  
applicable):

As a remittance will be issued by email please provide an email address:

EMAIL:

NAME:

SIGNATURE:

POSITION IN ORGANISATION:

DATE:

### **Data Protection**

In accordance with the Data Protection Act 2018, Fermanagh and Omagh District Council has a duty to protect any information we hold on you. The personal information you provide here will only be used for the purpose of procurement and payment and will not be shared with any third party unless law or regulation compels such a disclosure or in the processing of external funding applications and associated claims. For further guidance on how we hold your information please visit the Privacy section at [www.fermanaghomagh.com/your-council/privacy-statement/](http://www.fermanaghomagh.com/your-council/privacy-statement/)





## Post-Project Evaluation Form

**Please Note A Completed Post-Project Evaluation Form Must Be Completed and Returned with your Claim**

Project Details	
Name of Organisation/Group:	
Project Name:	
Project Date(s):	
Project Location & Postcode:	
<p>Please detail how the outputs as outlined in your Letter of Offer have been attained.</p>	
<p>Please outline how your project adhered to the principles of remembering:</p>	
<p><u>Principles:</u></p> <ol style="list-style-type: none"><li>1. Starting from the historical facts</li></ol>	

**2. How your project recognised the implications and consequences of what happened;**

**3. How the project took account of differing perceptions and interpretations that exist;**

**4. How your project aided your group to understand the period  
(All to be seen in the context of an “Inclusive and accepting Society”)**



<b>5. How your project left a lasting legacy and created regional/national partnerships</b>	
<b>Continue on a separate sheet if necessary</b>	
<b>Number of people who participated / was involved in the event:</b>	
<b>Number of audience who attended the event:</b>	
<b>Details of Press Coverage:</b>  <b>(Please attach copies of Press Clippings If Possible)</b>	<b>Did the project get coverage in any of the following:</b> <b>1.) Newspapers - Yes/No</b> <i>If yes, please give the name of the newspaper and date of issue:</i> <hr/> <b>2.) Magazines – Yes/No</b> <i>If yes, please give the name of magazine and date of issue:</i> <hr/> <b>3.) Websites – Yes/No</b> <i>If yes, please give the name of the website and its web address:</i> <hr/> <b>4.) Radio – Yes/No</b> <i>If yes, please give the name of the station and the date and time of broadcast:</i> <hr/> <b>5.) TV – Yes/No</b> <i>If yes, please give the name of the show, the channel and the date of broadcast:</i> <hr/> <b>6.) Other – Yes/No</b> <i>Please specify:</i> <hr/>
Signed: _____ Date: _____	

Please return this completed **Claim Pack** and associated documentation as outlined in the Claim Checklist, (See Page 2) by the **Claimed For By Date** outlined in your **Letter of Offer** to:

**‘Grant Claims’**  
**Funding and Investment Unit, Fermanagh and Omagh District Council**  
 Either:  
 2 Townhall Street  
 Enniskillen  
 Co Fermanagh  
 BT74 7BA  
 T: 0300 303 1777

or  
 The Grange  
 Mountjoy Road  
 Omagh  
 Co Tyrone BT79 7BL  
 E: [grants@fermanaghomagh.com](mailto:grants@fermanaghomagh.com)