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

Claim Pack

Community Services General

(For Grant Awards, between £500 - £999)

A sample claim pack can be viewed on the Council's website: www.fermanaghomagh.com, under Funding & Grants or if you require Officer assistance please contact the Funding & Investment Unit
Tel: 0300 303 1777 Email: grants@fermanaghomagh.com

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Fermanagh and Omagh District Council
Claim Checklist

Checklist: (For Grant Awards Between £500 - £999)

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

* 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 event/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

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Funding and Investment - Expenditure Claim Form

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

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 / event 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/event.

Signed: _____ **Position:** _____ **Date:** _____

Witnessed by: _____ **Position:** _____ **Date:** _____

OFFICIAL USE ONLY

Checked: _____ (Funding & Investment Officer/Project Officer) Date: _____

Comments: _____

Income & Expenditure Sheet

Group Name: _____ Project/Event Date: _____

Event Name: _____

Income Please list all Income associated with your project/event Eg – Sponsorship, Donations, Fees etc. (Do Not include FODC Award)		**Expenditure** Please list all Expenditure associated with your project/event Eg – Entry Fees, Transport, Advertising, Publicity/Flyers etc	
	£		**£**
Total Income =		**Total Expenditure =**	

Balance = _____

Signed: _____ Position: _____ Date: _____

Signed: _____ Position: _____ Date: _____

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

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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/

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Post-Project Evaluation Form

Please Note A Completed Post-Project Evaluation Form <u>Must Be</u> Completed and Returned With Your Claim

Project Details	
Name of Organisation/Group:	
Project/Event Name:	
Project/Event Date(s):	
Project/Event Location:	
Please outline how the project has met the outputs as outlined in your Letter of Offer and how the grant award has assisted your group. (Please use additional paper if required):	

How much did we do?

Number of people who participated in the Project:

How well did we do it?

How satisfied were attendees with the delivery of your project?

Is anyone better off?

How your project made a difference within your community?

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:

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