

Claim Pack

(For Grant Awards between £500 - £999)

Irish in the Community Grant Aid

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
T: 0300 303 1777 E: grants@fermanaghomagh.com

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**

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		Expenditure	
Please list all Income associated with your project/event Eg – Sponsorship, Donations, Fees etc. (Do Not include FODC Award)		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.

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/Event Name:	
Project/Event Date(s):	
Project/Event Location & Postcode:	
Please outline how the project / event 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):	

