



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



# Claim Pack

(For Grant Awards between £500 - £999)

## Sport - Everybody Active 2020 Programme 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  
Tel: 0300 303 1777 Email: [grants@fermanaghomagh.com](mailto:grants@fermanaghomagh.com)



## Fermanagh and Omagh District Council Claim Checklist

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

		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>Procurement Quotations</b> Please refer to Point 2 of your Letter of Offer - Terms & Conditions. Original Quotations must be submitted with claim.	
5.	<b>Income and Expenditure Sheet</b> FOR EVENT/ACTIVITY ONLY (Signed by two office bearers, attached)	
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>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 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

<b>Name Of Organisation:</b>										
<b>Project Title:</b>										
<b>Project / Event 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 / 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: _____	

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## Income & Expenditure Sheet

Group Name: \_\_\_\_\_ Project/Event Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

<b>Income</b>		<b>Expenditure</b>	
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	
	£		£
<b>Total Income =</b>		<b>Total Expenditure =</b>	

**Balance =**

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

<b>Project Details</b>	
<b>Name of Organisation/Group:</b>	
<b>Project Name:</b>	
<b>Project Start Date:</b>	
<b>Project End Date:</b>	
<b>Details of Contact Person Dealing with this Evaluation</b>	<b>Name:</b> _____ <b>Tel No:</b> _____
<b>ACTIVE AWARDS – END OF GRANT REPORT GUIDANCE NOTES</b>	
<p>1. This end of year report provides you with an opportunity to tell us what you have achieved as a result of our award.</p> <p>2. In order to complete the report form, please refer to your application form or letter of offer for your project.</p>	
*Please count each participant only once in each of the questions below	
Please provide the total number of <b>participants</b> that participated in your project, excluding coaches and volunteers?	<input type="text"/>
Please provide the total number of <b>young people (under 18)</b> that participated in your project?	<input type="text"/>
Please provide the total number of <b>(women &amp; girls)</b> that participated in your project?	<input type="text"/>
Please provide the total number of <b>older people (aged 50+)</b> that participated in your project?	<input type="text"/>
Please provide the total number of <b>people with a disability</b> that participated in your project?	<input type="text"/>
Please provide the total number of people from <b>areas of high social need</b> that participated in your project?	<input type="text"/>
Please provide the total number of coaches or volunteers who have been qualified through your project?	<input type="text"/>



Please provide us with a case study detailing the success of an individual participant who took part in your project. Were there any additional benefits or outcomes as a result of the grant aid that you received? Please detail why it was particularly successful.

**Details of Press Coverage:**

**(Please Attach Copies of Press Clippings If Possible)**

**Did the event get coverage in any of the following:**

**1.) Newspapers - Yes/No**

*If yes, please give the name of the newspaper and date of issue:*

\_\_\_\_\_

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**

2 Townhall Street  
 Enniskillen  
 Co Fermanagh  
 BT74 7BA  
 T: 0300 303 1777

Either:

The Grange  
 Mountjoy Road  
 Omagh  
 Co Tyrone BT79 7BL

E: [grants@fermanaghomagh.com](mailto:grants@fermanaghomagh.com)