

Claim Pack

(For Grant Awards between £500 - £999)

Sports Event - Grant Aid

Tel: 0300 303 1777 Email: 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 The Grange
Enniskillen or Mountjoy Road
Co Fermanagh Omagh

BT74 7BA Co Tyrone BT79 7BL



Funding and Investment - Expenditure Claim Form

	e:									
Project / Ev	vent Date:			Gra	nt Funding	Awarded:				
Invoice Date	Description of Eligible Expenditure	Supplier	Date Paid	Cheque Number	Net	Vat	Total	Office Use		
				/ Debit or Credit Card Ref				Inv	BS	Chq
			Total							
rant Aid Req	uested£	Date of	Letter of Offer	r		Is applicant g	roup VAT regist	tered:YES	/ NO (please ci
	I certify that all the figures pro I certify that all documents are							diture associa	ted with t	the projec
	Signed:			Position:			Date:			
gned:			Position:					Date:		

Income & Expenditure Sheet

	Income		Expenditure s, Please list all Expenditure associated with your project/event Eg – Entry Fees, Transport, Advertising, Publicity/Flyers etc				
	ted with your project/event Eg – Spo	nsorship, Donations,					
Fees etc. (Do Not include FO	DC Award)						
		£			£		
	Total Income =			Total Expenditure =			
	Balance	e =					
Signed:	Posit	tion:		Date:			
Signed:	Posit	tion:		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 em	nail addr	ess:			
EMAIL:							
NAME:							
SIGNATURE:							
POSITION IN ORGANISATION:					Ι	Ι	<u> </u>
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/



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 & Postcode:	
Please outline how the Offer and how the gran required):	project / event has met the outputs as outlined in your Letter of it award has assisted your group. (Please use additional paper if

Number of people who participated in / was involved in the event:	
Number of people who attended the event:	
Publicity:	
Did the project/event p Magazines, Websites,	oublicised through any of the following media such as: Newspapers, Radio, TV, Other
Please provide details:	
Signed:	Date:
Oigneu.	

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 The Grange
Enniskillen or Mountjoy Road
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