

## Claim Pack

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

# Summer Schemes Grant Aid

A sample claim pack can be viewed on the Council's website: <a href="www.fermanaghomagh.com">www.fermanaghomagh.com</a>, 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                           |        |
|    |  |        |

<sup>\*</sup> 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

|                 | ganisation:  |                                  |                  |                  |            |              |                 |                |           |              |
|-----------------|--|----------------------------------|------------------|------------------|------------|--------------|-----------------|----------------|-----------|--------------|
| Project Title   | :  |                                  |                  |                  |            |              |                 |                |           |              |
| Project / Ev    | ent Date:  |                                  |                  | Gra              | nt Funding | Awarded:     |                 |                |           |              |
| Invoice<br>Date | Expenditure Paid I   | Supplier                         |                  | Cheque<br>Number |            | Vat          | Total           | Office Use     |           |              |
| Date            |  | / Debit<br>or Credit<br>Card Ref |                  |                  |            | Inv          | BS              | Chq            |           |              |
|                 |  |                                  |                  |                  |            |              |                 |                |           |              |
|                 |  |                                  |                  |                  |            |              |                 |                |           |              |
|                 |  |                                  |                  |                  |            |              |                 |                |           |              |
|                 |  |                                  |                  |                  |            |              |                 |                |           |              |
|                 |  | <u>'</u>                         | Total            |                  |            |              |                 |                | 1         |              |
| ant Aid Rec     | quested£   | Date o                           | f Letter of Offe | er               |            | Is applicant | group VAT regis | stered:YES     | 5 / NO    | (please circ |
| eclaration:     | I certify that all the figures pr<br>I certify that all documents ar | •                                |                  |                  |            |              |                 | nditure associ | ated with | the project  |
|                 |  |                                  | Position:        |                  |            |              | D               | Date:          |           |              |
| gned:           |  |                                  |                  |                  |            |              |                 |                |           |              |

#### **Income & Expenditure Sheet**

| Group Name:                            |                                |                      | Project/Event Da          | ate:                | <del>-</del> |  |  |  |
|--|--------------------------------|----------------------|---------------------------|---------------------|--------------|--|--|--|
| Event Name:                            |                                |                      |                           |                     |              |  |  |  |
|  | Income                         |                      |                           | Expenditure         |              |  |  |  |
| Please list all Income associated with | n your project/event Eg – Spor | nsorship, Donations, |                           |                     |              |  |  |  |
| Fees etc. (Do Not include FODC Awa     | ard)                           |                      | Transport, Advertising, P | ublicity/Flyers etc |              |  |  |  |
|  |                                | £                    |                           |                     | £            |  |  |  |
|  | Total Income =                 |                      |                           | Total Expenditure = |              |  |  |  |
|  | Balance                        | e =                  | ı                         |                     | •            |  |  |  |
| Signed:                                | Posi                           | tion:                |                           | Date:               |              |  |  |  |
| Signed:                                | Posi                           | tion:                |                           | Date:               |              |  |  |  |



#### **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:                        |         |       |           |      |   |  |  |
|  |         | T     |           | T    | T |  |  |
| SORT CODE:                                     |         |       |           |      |   |  |  |
| ACCOUNT NO:                                    |         |       |           |      |   |  |  |
| BUILDING SOCIETY ROLL NO (if applicable):      |         |       |           |      |   |  |  |
|  |         |       |           |      |   |  |  |
| As a remittance will be issued by email please | provide | an en | nail addr | ess: |   |  |  |
| EMAIL:   |         |       |           |      |   |  |  |
|  |         |       |           |      |   |  |  |
| NAME:  |         |       |           |      |   |  |  |
| SIGNATURE:                                     |         |       |           |      |   |  |  |
| POSITION IN ORGANISATION:                      |         |       |           |      |   |  |  |
| DATF.  |         |       |           |      |   |  |  |

#### **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<br>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): |
|  |
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|  |
|  |

| How much did we do?   |
|---|
| Number of people who participated in the Project:               |
| Range of Social/Leisure activities provided:                    |
|   |
|   |
| Total Hrs of Scheme:  |
| 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:   |
| 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 The Grange
Enniskillen or Mountjoy Road
Co Fermanagh Omagh, Co Tyrone
BT74 7BA BT79 7BL

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