

Claim Pack

(For Grant Awards, under £500)

Community Services - General

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 Under £500)

		YES/NO
1.	Completed Claim Form	
	(Signed by two office bearers, attached)	
2.	Original Invoices	
3.	Procurement	
	Quotations Please refer to Point 2 of your Letter of Offer -	
	Terms & Conditions.	
	Original Quotations must be submitted with claim.	
4.	Evidence of Outputs & Specific Requirements	
	(As outlined in your Letter of Offer)	
5.	Bank Automated Clearing System - (BACS)	
	(Signed, attached)	
5.	Post-Project Evaluation Form	
	(Signed, attached)	
6.	Any Other Information As Requested	

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

Audit: Please note your project/event could be selected for a full audit at any time by Fermanagh and Omagh District Council. All relevant documentation in relation to your project/event must be made available if requested. Failure to provide all necessary documentation may result in claw back of funding and/or future funding being withheld.



Funding and Investment - Expenditure Claim Form

Name Of O	rganisation:						
Project Titl	e:						
Project / E	vent Date:		Grant Fundin	g Awarded:			
Invoice	Description of Eligible Expenditure	Supplier	Date Paid	Net	Vat	Total	Office Use
ate							Inv
			Total				
nt Aid Re	equested£	Date of Letter of Offer	Is app	licant group	VAT register	red:YES / NO.	(please circle)
ou have re	eceived funding from						
laration:	I certify that all the figures provided in resp	ect of this project / event has been	verified to be true and a	ccurate.			
	I certify that all documents are held to supp	oort all the figures included on this c	laim form and in relation	n to all income	e and expendit	cure associated v	vith the project/even
ned: Position:		Date:					
/itnessed by: Position:		Date:					
		OFFICIAL USE	ONLY				
hecked:		(Fundir	g & Investment Officer/	Project Office	r) Date:		
							l l



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):					•	•	
арріїсавіє).							
As a remittance will be issued by email please	nrovide	an en	nail addr	, , ,			
EMAIL:	provide	an on	iaii addi	000.			
LIVIAIL.							
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/



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 how the grant award h	project has met the outputs as outlined in your Letter of Offer and as 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 delive	ry of your project?			
Is anyone better off?				
How your project made a difference within you	our community?			
Total Project / Event Costs:				
Income: (Please advise how much income was derived for this project/event, do not include the grant award from FODC)	Expenditure: (How much did your event cost in total?)			
£	£			
Please note - if your group made a charitable donation, your project/event is not eligible for funding. By signing below, you are confirming that your group did not make a charitable donation in respect of the project for which this funding is awarded.				
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
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