



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

Claim Pack

(For Grant Awards, under £500)

Irish in the Community

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) | |
| 6. | Post-Project Evaluation Form (Signed, attached) | |
| 7. | 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
Enniskillen
Co Fermanagh
BT74 7BA**

or

**The Grange
Mountjoy Road
Omagh
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 Organisation: | | | | | | | |
|------------------------------|-------------------------------------|----------|--------------|-------------------------------|-----|-------|------------|
| Project Title: | | | | | | | |
| Project / Event Date: | | | | Grant Funding Awarded: | | | |
| Invoice Date | Description of Eligible Expenditure | Supplier | Date Paid | Net | Vat | Total | Office Use |
| | | | | | | | Inv |
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| | | | 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: _____ | |



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/



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: | |
| 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): | |
| | |

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 delivery of your project?

Is anyone better off?

How your project made a difference within your 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:

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Co Fermanagh
BT74 7BA

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