



Claim Pack (For Grant Awards, under £500)

Sport - Everybody Active 2020 Programme

A sample claim pack can be viewed on the Council's website: <u>www.fermanaghomagh.com</u>, under Funding & Grants <u>Or</u> if you require Officer assistance please contact the Funding & Investment Unit T: 0300 303 1777 E: <u>grants@fermanaghomagh.com</u>



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:

or

2 Townhall Street Enniskillen Co Fermanagh BT74 7BA 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.



Project Titl	le:							
Project / Event Date:			Grant Funding Awarded:					
Invoice Date	Description of Eligible Expenditure	Supplier	Date Paid	Net	Vat	Total	Office Use	
Date							Inv	
			Total					
claration:	I certify that all the figures provided in respective of the support of the suppo	ort all the figures included on this	verified to be true and acc	curate. to all income a	and expenditu	re associated w		
-								
		OFFICIAL US	E ONLY					
Checked:			E ONLY ding & Investment Officer/	Project Office	-) 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:	
SORT CODE:	

ACCOUNT NO: BUILDING SOCIETY ROLL NO (if applicable):

As a remittance will be issued by email please provide an email address:

NAME:

DATE:

SIGNATURE:

POSITION IN ORGANISATION:

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/yourcouncil/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 Name:						
Project Start Date:						
Project End Date:						
Details of Contact Person Dealing with this Evaluation	Name:	Tel No:				
ACTIVE AWARDS – I	END OF G	RANT REPORT GUIDANCE NOTES				
 This end of year report provides you with an opportunity to tell us what you have achieved as a result of our award. In order to complete the report form, please refer to your application form or letter of offer for your project. 						
*Please count each pa	rticipant on	ly once in each of the questions below				
Please provide the total number of participants that participated in your project, excluding coaches and volunteers?						
Please provide the total number of young people (under 18) that participated in your project?						
Please provide the total number of (women & girls) that participated in your project?						
Please provide the total number of older people (aged 50+) that participated in your project?						
Please provide the total number of people with a disability that participated in your project?						
Please provide the total number of people form areas of high social need that participated in your project?						
Please provide the total number of coaches or volunteers who have been qualified through your project?						

part in your project. W	a case study detailing the success of an individual participant who took /ere there any additional benefits or outcomes as a result of the grant Please detail why it was particularly successful.
Details of Press	Did the event get coverage in any of the following:
Coverage:	
(Please Attach	1.) Newspapers - Yes/No If yes, please give the name of the newspaper and date of issue:
Copies of Press	
Clippings If Possible)	
Signed:	Date:

Please return this completed **Claim Pack** and associated documentation as outlined in the Claim Checklist, (See Page 2) by the <u>Claimed For By Date</u> outlined in your letter of offer to:

'Grant Claims' Funding and Investment Unit, Fermanagh and Omagh District Council Either: 2 Townhall Street Englishiller

	The Orange
or	Mountjoy Road
h	Omagh, Co Tyrone
	BT79 7BL
Email: gran	ts@fermanaghomagh.com
	or