

Claim Pack (For Grant Awards, under £500)

Summer Schemes

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.



Name Of Organisation:							
Project Title:							
Project / Evo	ent Date:		Grant Funding	g Awarded:			
Invoice Date			Date Paid	Net	Vat	Total	Office Use
Date							Inv
			Total				
			10141				
Grant Aid Req	quested£	Date of Letter of Offer	Is appl	icant group \	VAT register	ed:YES / NO.	(please circle)
B							
Declaration:	I certify that all the figures provided in resp I certify that all documents are held to supp				and expendit	ure associated w	vith the project/event.
Signed:	Position: Date:						
Witnessed by: Position:			Date:				
Charlende	OFFICIAL USE ONLY Checked: (Funding & Investment Officer/Project Officer) Date:						
				Project Unicer) Date:		
comments: _						·	
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):				

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

Ε	M	A	11	_:

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/Event Name:	
Project/Event Date(s):	
Project/Event Location:	
Please outline how the how the grant award h	e 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	ery of your project?					
Is anyone better off?						
How your project made a difference within y	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.						
Cianada	Deter					
Signed: Date:						
Disconstrum this completed Olaim D ask and constitution						

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		The Grange			
Enniskillen	or	Mountjoy Road			
Co Fermanagh		Omagh, Co Tyrone			
BT74 7BA BT79 7BL					
T: 0300 303 1777 E: grants@fermanaghomagh.com					