

**Claim Pack**

**Community Premises Support**

**A sample claim pack can be viewed on the Council’s website:** [**www.fermanaghomagh.com**](http://www.fermanaghomagh.com)**, under Grants Sponsorship & Bursaries / Community Grants or if you require Officer assistance please contact the Grants & Investment Unit**

**Tel: 0300 303 1777 Email:** [**grants@fermanaghomagh.com**](mailto:grants@fermanaghomagh.com)

**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 on this form will only be used for the purpose of contacting you about your grant aid claim and will only be shared with other relevant FODC sections and external funder and/or agencies (if applicable) for administrating your grant.  For further guidance on how we hold your information please visit the Privacy section at: [**https://www.fermanaghomagh.com/your-council/privacy-statement/grants-and-investment/grants-and-bursary-call-application-forms-and-claims/**](https://www.fermanaghomagh.com/your-council/privacy-statement/grants-and-investment/grants-and-bursary-call-application-forms-and-claims/)



**Fermanagh And Omagh District Council**

**Claim Checklist**

**Checklist**

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|  |  | **YES/NO** |
| 1. | **Completed Claim Form**  (Signed by two office bearers, attached) |  |
| 2 | **Original Invoices** |  |
| 3 | **Bank Statements \*** |  |
| 4. | **Procurement**, if applicable  **Quotations** Please refer to Point 2 of your Letter of Offer - Terms & Conditions.  Original Quotations must be submitted with claim. |  |
| 5. | **Evidence of Outputs & Specific Requirements**  (As Outlined In Your Letter Of Offer) |  |
| 6. | **Bank Automated Clearing System (BACS)**  (Signed, attached*)* |  |
| 7. | **Post-Project Evaluation Form**  (Signed, attached) |  |
| 8. | **Any Other Information As Requested** |  |

\* 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 project has taken place and submit

the necessary documentation by the **Claimed By Date Outlined In Your**

**Letter Of Offer.**

The completed claim pack can emailed to: [grants@fermanaghomagh.com](mailto:grants@fermanaghomagh.com)

**Or**

Post to:-

**Grants 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**



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**Grants & Investment - Expenditure Claim Form**

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| **NAME OF ORGANISATION:** | | | | | | | | | | | | |
| **PROJECT TITLE:** | | | | | | | | | | | | |
| **DATE:** | | | | | **GRANT FUNDING AWARDED:** | | | | | | | |
| **Invoice Date** | **Description of Eligible Expenditure** | **Supplier** | **Date Paid** | **Cheque Number/ Debit or Credit Card Ref** | | **Net** | **VAT** | **Total** | **Office Use** | | | |
| **Inv** | **BS** | **Chq** | **Other** |
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|  |  |  | **Total** | | |  |  |  |  |  |  |  |

I request grant assistance from Fermanagh and Omagh District Council’s Grants and Investment Unit on the eligible expenditure of ……………….as detailed above and agreed in the

Letter of Offer dated…………………………. If VAT registered, please enter VAT Registration number:………………………………………………………

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnessed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| OFFICIAL USE ONLY  Checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Grants & Investment Officer/Project Officer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| 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: | |  |  |  | | | | | | | | |
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| POSTCODE: | |  |  |  | | | | | | | | |
| TELEPHONE: | |  |  |  | | | | | | | | |
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| 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: |  |  |  |  | | | | | | | | |
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| NAME: |  |  |  |  | | | | | | | | |
| SIGNATURE: | |  |  |  | | | | | | | | |
| POSITION IN ORGANISATION: | | |  |  | | | | | | | | |
| DATE: |  |  |  |  | |  |  |  |  |  |  |  |

**BANK AUTOMATED CLEARING SYSTEM (BACS)**

**Data Protection**

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 **Post-Project Evaluation Form**

**Please note, a completed Post-Project Evaluation Form Must Be completed and returned with your Claim**

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| **Project/Event Name:** |  |
| **Please complete the following:**  **How much did we do?**  Please detail the number of monthly beneficiaries (include an explanation of how  these numbers have been calculated)  **Specify Number of User Groups per Month**  **Total number of Group bookings per month**  **Number of Volunteers on the Committee**  **Number of Volunteer hours Per Month** | |

**How well did we do it?**

**Please detail below:-**

* Evaluation/satisfaction levels
* If there has been an increase in number of users/beneficiaries or additional user groups

**Is anyone better off?**

How has your group service provision within community made a difference?

|  |
| --- |
| Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |