

**Claim Pack**

**Bursary - Irish Language Academic**

**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**

**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:**

|  |  |  |
| --- | --- | --- |
|  |  | **YES/NO** |
| 1. | **Claim Form** (Signed, *attached)* |  |
| 2. | **Original Invoices** |  |
| 3. | **Bank Automated Clearing System - (BACS)**(Signed, attached) |  |
| 4. | **Post-Project Evaluation Form***(Signed, attached)* |  |
| 5. | **Evidence of Outputs & Specific Requirements** (As outlined in your letter of offer) |  |
| 6. | **Any Other Information as Requested** |  |

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

**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**

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.



**Grants and Investment - Expenditure Claim Form**

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| **Participant Name** |
| **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** |  |  |  |

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

Letter of Offer dated………………………….

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

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| OFFICIAL USE ONLYChecked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Funding & Investment Officer/Project Officer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |



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| **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. |  |
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| NAME |   |
| 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: |  |  |   |
| DATE: |  |  |  |   |   |   |   |   |   |   |   |

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**Post-Award Evaluation Form**

**Please Note A Completed Post-Project Evaluation Form Must Be Completed and**

**Returned With Your Claim**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Event Bursary awarded for:**  |  |
| **Event Bursary Date(s):** |  |
| **Event Bursary Location:** |  |
| **Please detail how your bursary has benefited you?**  |
| **Other funding****Please confirm if you have received other funding in respect of this project?**[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]**Yes****No**[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]If yes, please provide details below:- |
| Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |