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**Claim Pack**

**PCSP Community Engagement Project**

|  |  |
| --- | --- |
| **Organisation** |  |
| **Project Title** |  |
| **Contact Person** |  |
| **Contact Details** |  |
| **Amount Awarded** |  |

**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**

**Checklist**

**Checklist:**

|  |  |  |
| --- | --- | --- |
|  |  | **YES/NO** |
| 1. | **Completed Expenditure Form**  (Signed by two office bearers, attached) |  |
| 2. | **Original Invoices**  (Please note if emailing, please retain originals as they may be requested at a later date) |  |
| 3. | **Procurement**  **Quotations** Please refer to Point 2 of your Letter of Offer - Terms & Conditions.  Original Quotations must be submitted with claim |  |
| 4. | **Bank Statements\***  (Please note if emailing, please retain originals as they may be requested at a later date) |  |
| 5. | **Evidence of Outputs & Specific Requirements**  **(As Outlined in Your Letter of Offer)** |  |
| 6. | **Bank Automated Clearing System - (BACS Form)**  (attached) |  |
| 7. | **PCSP – End of Project Reporting Form**  (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 For 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**



**Grants and Investment - Expenditure Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name Of Organisation:** | | | | | | | | | | |
| **Project Title:** | | | | | | | | | | |
| **Grant Funding Awarded:** | | | | | | | | | | |
| **Grant Funding Claimed:** | | | | | | | | | | |
| **Invoice Date** | **Description of Eligible Expenditure** | **Supplier** | **Date Paid** | **Cheque Number/ Debit or Credit Card Ref** | **Net** | **Vat** | **Total** | **Office Use** | | |
| **Inv** | **BS** | **Chq** | |
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|  |  |  | **Total** | |  |  |  |  |  |  | |

**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.

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Grants & 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. | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF ORGANISATION/INDIVIDUAL: | | | |  | | | | | | | | |
| ADDRESS: | |  |  |  | | | | | | | | |
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| 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: |  |  |  |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME: |  |  |  |  | | | | | | | | |
| SIGNATURE: | |  |  |  | | | | | | | | |
| POSITION IN ORGANISATION: | | |  |  | | | | | | | | |
| DATE: |  |  |  |  | |  |  |  |  |  |  |  |

**Data Protection**

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**End of Project Reporting Form**

**Fermanagh and Omagh District Council will ask for regular reporting updates.**

|  |  |
| --- | --- |
| **Name of Organisation/Group:** |  |
| **Amount of Funding Awarded:** |  |
| **Project Activity**  Describe the project activity undertaken. Where relevant include activities, no. of contact sessions, no. of participants, age category.  How were the participants recruited?  How did your project address the issues identified?  If relevant, how did you involve the PSNI in project delivery? |  |
| **How did you evaluate the project?**  What methods did you use to evaluate the project e.g., survey, focus group etc.  Please share key evaluation material  **How much did we do?**  # programmes delivered  # participants  **How well did we do it?**  #/% participants reporting satisfaction with the programme  **Is anyone better off?**  #/% participants more likely to engage with PSNI following programme  How has the project made a difference in your community?  Include any comments from participants or any other anecdotal evidence. | **How much did we do?**  # programmes delivered  # participants  **How well did we do it?**  #/% participants reporting satisfaction with the programme  **Is anyone better off?**  #/% participants more likely to engage with PSNI following programme |
| **PCSP Acknowledgment**  How did you acknowledge the funding support from the PCSP? |  |
| **Future learning**  What would you change/do differently if running the project in the future? |  |

Please note, Fermanagh and Omagh District Council reserve the right to contact you for further information and seek clarification if deemed necessary and if requested by any other funder providing funding to this project

Please note that the completion of this form is an essential requirement of the funding awarded. You will be required to provide regular monitoring returns throughout the duration of your project.

Please return completed **form to** [**grants@fermanaghomagh.com**](mailto:grants@fermanaghomagh.com)