**NATIONAL FOREST COMPANY**

**WOODLAND MANAGEMENT GRANTS 2018/19**

**CLAIM FOR PAYMENT OF GRANT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Name and address:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2. Name to whom the grant cheque should be made out. *(If not using BACS Transfer)*** | | | | | | **4. Total cost of scheme/project:** | | | | | | | | |
|  | | | | | | *(Actual cost incurred)* | | | | | | | | |
|  | | | |  | | | | |
| **3. NFC grant reference and date of grant offer:** | | | | | | **5: Amount of Grant Offered:** | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| **6. Have you provided BACS details for payment:** | | | | | | | | |
| **Yes** |  | | | | **No** |  | | |
| **7. Please tick relevant box:** | | | | | | | | | | | | | | |
| **a)** |  | **I have completed and will be claiming for all the work/all the outstanding work scheduled for this grant claim as outlined in the costs calculator – You do not need to complete section 8.** | | | | | | | | | | | | |
| **b)** |  | **I am only claiming for a proportion of the work outstanding for this grant claim as outlined in the costs calculator – You MUST complete section 8.** | | | | | | | | | | | | |
| **8. Breakdown of expenditure now claimed. *(Ensure you account for the total cost of the scheme. Please use same headings as contained in your original grant application. If necessary, continue on, or use a separate sheet.)*** | | | | | | | | | | | | | | |
| Work Item Description | | | | | | | | | | | | VAT\* | Cost (Net of VAT) | |
| *E.g. Forest Craftsperson* | | | | | | | | | | | | *Yes* | *£1,250* | |
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| VAT can/cannot+ be reclaimedVAT: | | | | | | | | | | | |  | | |
| **TOTAL COST (100%):** | | | | | | | | | | | | **£** | | |
| **TOTAL GRANT (60%):** | | | | | | | | | | | | **£** | | |
| *Total amount of previous claims covered by the grant offer:* | | | | | | | | | | | | *£* | | |
| *\*Can VAT be reclaimed against this item?*  + Delete as appropriate | | | | | | | | | | | | | | |
| **9. Declaration** | | | | | | | | | | | | | | |
| I certify that the work has been carried out and that the above breakdown / attached costs calculator is a true record of the expenditure incurred. I confirm that the NFC conditions have been observed. All relevant receipts and invoices are attached. | | | | | | | | | | | | | | |
| Application is hereby made for payment of: | | | | £ |  | | | |  | | | | | |
| Signed: | |  | | | | Date: | |  | | | | | | |
| (Where applicable) Authorised by or on behalf of Treasurer/Finance Officer or by a representative of the organisation with actual authority to sign. | | | | | | | | | | | | | | |
| Please specify position held: | | |  | | | | | | | | | | |  |
| ***NB: Please attach relevant costs calculator*** | | | | | | | | | | | | | | |

Bath Yard, Moira, Swadlincote, Derbyshire, DE12 6BA

Tel: 01283 551211 Fax: 01283 552844 Website: [www.nationalforest.org](http://www.nationalforest.org)

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| --- | --- | --- |
| **FOR OFFICIAL USE ONLY** | | |
| Payee’s name: | Payee’s address: | |
|  |  | |
| Name of Scheme: |
|  |
| Amount to be paid: £………………………….. |
| **Authorisation** | | |
| I am satisfied that the works set out overleaf have been completed to a standard and within  the guidelines set out in the NFC offer of grant support, and that the claim for payment is justified.  I have inspected the works/site where appropriate and recommend the payment of grant in the amount above. | | |
| I am satisfied that the expenditure set out overleaf has been incurred for the purposes and objectives for which the grant was offered. | | |
| **Signed** 1.Budget Holding Officer .............................................................. | | **Date:** ................................... |
| 2. Director of Operations or Head of Forestry  or Chief Executive  or Head of Corporate Services ................................................ | | **Date:** ................................... |
| To be signed by the responsible budget holding officer and either Director of Operations, Head of Forestry, Chief Executive or Head of Corporate Services. The signature of two separate officers is required for all claims. | | |
| **A COPY OF THIS FORM SHOULD BE PASSED TO THE FINANCE & ADMINISTRATION DEPARTMENT UPON COMPLETION.** | | |