

**Claim Pack**

**Seeding**

**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/)



**Seeding Grant Aid - Progress Report**

ORGANISATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please outline the steps/actions your group have undertaken in assisting the group set up and what activities your group are progressing with?** |

Print Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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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| **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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|  |  |  |  |  | | | | | | | |
| POSTCODE: | |  |  |  | | | | | | | |
| TELEPHONE: | |  |  |  | | | | | | | |
|  |  |  |  |  |  |  |  |
| BANK NAME & ADDRESS: | | |  |  | | | | | | | |
|  |  |  |  |  | | | | | | | |
| NAME OF ACCOUNT HOLDER: | | |  |  | | | | | | | |
|  |  |  |  |  | | | | | | | |
| SORT CODE: | |  |  |  | |  |  |
| ACCOUNT NO: | |  |  |  | |  |  |
| BUILDING SOCIETY ROLL NO (if applicable): | | | |  | | | | | | | |
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| As a remittance will be issued by email please provide an email address: | | | | | | | | |
| EMAIL: |  |  |  |  | | | | | | | |
|  |  |  |  |  |  |  |  |
| NAME: |  |  |  |  | | | | | | | |
| SIGNATURE: | |  |  |  | | | | | | | |
| POSITION IN ORGANISATION: | | |  |  | | | | | | | |
| DATE: |  |  |  |  | |  |  |



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