



Actual Costs Capital Items Claim Form: FORESTRY GRANT SCHEME

This claims form has four sections. You must complete all of them for the claim to be valid.

The form must be signed and dated at Section 3. This declaration covers **ALL** the information submitted in the four sections of this claim form.

*This space **FOR OFFICIAL USE ONLY**. Date stamp of when claim received*

SECTION 1: Personal/business/organisation details

Name of Business:

Business Reference Number:

Main Location Code:

Contact details (Please make sure these are the same as is held in RP&S / Business details / Communications)

Contact Name:

Contact Address:

Contact email Address:

Contact Phone Number:

FGS Contract details

FGS Contract Name:

FGS Contract Reference Number:

Claim number (for this contract):

If the contact name and/or the declaration is signed by a mandated agent:-

Please enter your Agent Identification Number:

Agent Identification Number:

Is the business/organisation VAT registered? Tick if Yes Tick if No

*[If you **are** registered for VAT then any Actual Capital Costs claimed must be on a VAT exclusive basis]*

SECTION 2: Supporting documentation

Please detail all supporting documentation you are submitting with this claim. (*Remember that these must be the originals which we can return if requested*). If you are claiming Actual Capital Costs, you are required to **complete the Actual Costs checklist** on the final page of this claim form. This will confirm whether you have supplied the correct information.

| Type of documentation | Document reference number or name. This ref to be used in Section 4. | Item the document relates to |
|--------------------------------------|---|--|
| <i>Actual Costs Example: invoice</i> | 111-2345 | <i>Woodland Improvement Grant – Ground preparation in designated site at map location Cpt 125a</i> |
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Please attach further sheets if required for detailing supporting documentation.
 Number of additional sheets: _____

SECTION 3: Declaration and signature

By signing this claim form, I/we declare that I/we have read, understood and have complied with the rules, conditions and requirements of the Forestry Grant Scheme and our FGS contract(s). I/We declare that all the work claimed for has been completed. I/We have not claimed from other, including European or national, funding sources (except where it is specifically authorised under the terms of that scheme) for any work which is the subject of this claim. I/we understand that any false or misleading statement I/we make may result in the withdrawal of the offer of grant and the withholding or recovery of payments.

We will use your information to process your claim. To see more details as to how we use your information please refer to our Privacy Statement, published on the Forestry Grant Scheme 'Full Scheme Guidance' internet pages.

| Signature | Name (BLOCK LETTERS) | Status: eg: owner or mandated agent | | | | | | | | | |
|-----------|----------------------|--|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| Date | | D | D | / | M | M | / | Y | Y | Y | Y |

SECTION 4: Actual Costs Capital Items Claimed

FORESTRY GRANT SCHEME

| Capital activity / item description | LPID (Land Parcel ID) | Map Letter | Document Ref (from Section 2) | Total Actual Costs Incurred | Total Units Claimed* | Contract Cost per Unit** | Amount Claimed | OFFICIAL USE ONLY |
|--|--------------------------|---------------|-------------------------------------|--------------------------------------|----------------------------|--------------------------------|-------------------|----------------------|
| | | | | | | | | Amount Certified |
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| *Cannot be greater than contracted amounts ** Cannot be greater than contracted cost per unit | | | | | | TOTAL COST CLAIMED | | |

Please attach further sheets if required for detailing claims. Please head any additional sheets with your contract reference and include a table with the same columns as in this section. Number of additional sheets: _____

Please explain any differences between costs or units approved and actual costs or actual units claimed

SECTION 5: FGS Actual Costs Capital Items Claims: Supporting Documents Checklist

Contract Name: _____ Contract Ref: _____

Please complete each column of this checklist with either a ✓ or **N/A** for each invoice you are submitting with your claim. This should help to ensure that all invoices comply with required claim standard. Please number each document and reference this in the columns 'Doc Ref:' (eg: 1 of 3, 2 of 3, etc..)

If invoices do not provide the required information, they will be returned to you and this will result in your payment being delayed.

| Total Number of invoices making up this claim | | | | | | | | |
|---|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| EACH INVOICE SHOULD CONTAIN: | | Doc Ref: ___ of ___ | Doc Ref: ___ of ___ | Doc Ref: ___ of ___ | Doc Ref: ___ of ___ | Doc Ref: ___ of ___ | Doc Ref: ___ of ___ | Doc Ref: ___ of ___ |
| 1 | The Supplier's name, address and VAT registration number (where appropriate) | | | | | | | |
| 2 | Your business name and address as the customer (not delivery address) | | | | | | | |
| 3 | All contracted Actual Costs goods and/or services purchased individually itemised to enable clear identification of each Actual Cost contracted item being claimed | | | | | | | |
| 4 | Serial numbers quoted for any equipment purchased | | | | | | | |
| 5 | A record of the date when the supplier/contractor delivered/completed the goods or services to you | | | | | | | |
| 6 | VAT details/amounts that are clearly detailed (where appropriate) | | | | | | | |
| 7 | A clear total amount of the invoice that you are due to pay | | | | | | | |
| 8 | The amount actually paid by you. (If this differs from the total invoice amount, then ensure that any difference is fully explained – discount, credit note, hire purchase, etc) | | | | | | | |
| The Suppliers actions on payment of your invoice should be: | | | | | | | | |
| 9 | Business stamp (or Written Business details) | | | | | | | |
| 10 | Signature of person receiving payment | | | | | | | |
| 11 | Confirmation of amount received | | | | | | | |
| 12 | Date of payment | | | | | | | |
| 13 | Method of payment is confirmed as either ❶ Cheque ❷ Debit Card ❸ Cash | | | | | | | |
| EACH RECEIPTED INVOICE SHOULD BE SUPPORTED BY: | | | | | | | | |
| 14 | If your invoices are paid by electronic banking we require a printed copy of the electronic invoice and supporting original bank statement showing evidence of the transaction between businesses. | | | | | | | |