



**Standard 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.

**FGS Contract Name:**

**FGS Contract Reference:**

**SECTION 1: Personal/business/organisation details**

**Name and Address of Business**

*Please ensure this matches your contract details.  
Please use BLOCK CAPITALS.*

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

**Business Reference Number:**

**Main Location Code:**

**Phone**

**Mobile**

**E-mail**

**Contact Name:**

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

**Please enter your Agent Identification Number:**

*Agent Identification Number:*

## 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).*

| Type of documentation  | Document reference number or name. <b>This ref to be used in Section 4.</b> | Item the document relates to                          |
|--|---|---|
| <i>Capital Costs Example: Certification of Native Trees and Shrubs Supplier's Document</i> | 2015-001  | <i>Woodland Creation: Native Broadleaves planting</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:<br>eg: owner or mandated agent *   |   |   |   |   |   |   |   |   |   |   |
|-----------|----------------------|--|---|---|---|---|---|---|---|---|---|---|
|           |                      |  |   |   |   |   |   |   |   |   |   |   |
| Date      |                      | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">/</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">/</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y |
| D         | D                    | /  | M | M | / | Y | Y | Y | Y |   |   |   |

\* If mandated agent, please ensure you have entered your Agent ID Number on the first page.

**SECTION 4: Standard Costs Capital Items Claimed**

**FORESTRY GRANT SCHEME**

| Capital activity / item description *       | LPID<br>(Land Parcel ID) | Map<br>Letter | Document Ref<br>(from Section 2) | Total Units<br>Claimed**  | Contract<br>Payment Rate | Amount<br>Claimed | OFFICIAL USE ONLY       |
|---|--------------------------|---------------|----------------------------------|---------------------------|--------------------------|-------------------|-------------------------|
|   |                          |               |                                  |                           |                          |                   | <b>Amount Certified</b> |
|   |                          |               |                                  |                           |                          |                   |                         |
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| **Cannot be greater than contracted amounts |                          |               |                                  | <b>TOTAL COST CLAIMED</b> |                          |                   |                         |

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: \_\_\_\_\_

\* For Woodland Improvement Grant (WIG) Planning Grants: Long Term Forest Plan, Forest Plan Renewal, Woodlands In and Around Towns (WIAT) Urban Woodland Management Plan, Woodland Grazing Plan and/or Deer Management Plan you do not need to breakdown your claimed area into individual Land Parcels (LPIDs) in the table above. Instead, you should make your claim on one line by entering the total area you are claiming. **NOTE:** The area **must** match the total area for this option in your contract, otherwise you are required to breakdown the detail by LPID so we can identify the differences to your contract.

**Please explain any differences between units approved in your contract and the units you have claimed**