

Food Processing, Marketing and Co-operation Grant Scheme claim form

Notes for guidance

- Please complete in BLACK CAPITAL LETTERS.
- This claims form has six parts.
- You must complete all of them for the claim to be valid.
- The form must be signed and dated.

Your completed form should be returned to:

Food Grants Team
Food, Drink & Rural Communities Division
B1 Spur
Saughton House
Broomhouse Drive
Edinburgh

Official use only

Part 1 – Your details

Business or
applicant name

Address

Postcode

Contact name

Telephone number

Mobile number

Email

Project title and award
reference number

Main Location Code (MLC)

 / /

Is the business registered
for VAT?

Business Reference Number (BRN)

Yes

☐

No

☐

Part 2 – Costs claimed

Type of claim: Processing and marketing capital ☐ Co-operation ☐

*The costs you enter in this section should be the total cost of the item as paid by you and indicated by invoices. These amounts should correspond to the amounts indicated in your award letter. It is your responsibility to ensure that the amounts claimed have been properly incurred and are in line with your agreed award. **If you are registered for VAT then costs claimed must be on a VAT-exclusive basis.** If you have further claims to make on individual items please tick the interim claim box.*

Item description	Cost approved (as detailed on your award letter)	Costs incurred in this claim	Costs claimed in this claim	Total cost incurred including previous claims	Total cost claimed including previous claims (should not exceed costs approved)	Interim Claim?	Comments
						<input type="checkbox"/>	
						<input type="checkbox"/>	
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						<input type="checkbox"/>	
Totals						<input type="checkbox"/>	

Please attach further sheets if required for detailing claims. Please head any additional sheets with the same columns as in this section.

Number of additional sheets:

Part 3 – Supporting documents

Please complete Annex 1 detailing all supporting documentation for this claim, listing the type of documentation, the documentation reference number or name and the items covered by the document. Please submit this list alongside the actual supporting documentation.

Number of additional pages submitted:

Part 4 – Other sources of funding

Please provide details of contributions from other funding organisations	
Name of other funding organisation	
Costs covered by organisation	
Percentage of total funding for project covered by other funding	

If you are receiving funding from another public body e.g. Local Enterprise Company, Local authority etc. you must provide evidence of any instalment of grant paid by these agencies with each claim submitted.

Part 5 – Progress report

Please use this space to provide a report on the progress of your project to date; to include details of any achievements relating to objective / expectations and targets / milestones as agreed on your grant award letter (at 2.3 and 2.4). You may also wish to provide any other details which is relevant to the progress of your project (ahead of schedule, any difficulties, production achieved etc)

I/We declare that:

- I/We have read and understood the rules, conditions and requirements of the Food Processing, Marketing and Co-operation Grant Scheme
- I/We understand that if I/we knowingly or recklessly make a false statement, I/we may be prosecuted.
- If I/we make a false statement intentionally, or as a result of serious negligence, I/we may be excluded from this scheme.
- If I/we otherwise break the rules or fail to comply with the undertakings I/we have given, I/we may lose some or all of the grant I/we have claimed and a penalty may apply.
- 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 consent to the Scottish Government confirming VAT registration with HM Revenue & Customs.

Signature of applicant
or their appointed agent

Name (block capitals)

* Status of person signing

* Agent identification number (if applicable)

Date / /

* If this form is to be submitted by an agent, the agent must obtain the applicant's authority before the form is submitted. A form (PF05 – Business Mandate Form) is available for this purpose and can be found at <https://www.ruralpayments.org> or from your local RPID area office.

If the claimant is a limited company (or other corporate body) the claim must be signed by a director, the company secretary or another duly authorised officer. Enter the position held here. The signatory should sign in his or her own name and not the name of the business, or a partnership name.