**PROJECT EXPENDITURE CLAIM FORM**

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| --- | --- |
| **NAME OF ORGANISATION** |  |

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| **GRANT PROGRAMME** | **Health & Wellbeing Grant Programme 25-26** | **PROJECT REF NO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLAIM NO:** |  | **For Office Use Only INITIAL** | | |
| **TOTAL GRANT AWARDED** | **£** | **AWARDED AMOUNT CHECKED** | **£** |  |
| **TOTAL PAID TO DATE** | **£** | **TOTAL VERIFIED TO DATE** | **£** |  |
| **CURRENT CLAIM** | **£** | **PAYMENT DUE** | **£** |  |
| **BALANCE REMAINING** | **£** | **BALANCE CHECKED** | **£** |  |

**DECLARATION**

I hereby apply on behalf of the above named project for payment of Project Funding in accordance

with the Letter of Offer from the Causeway Coast and Glens Borough Council Funding Unit.

I certify that the information given above represents the correct amount of re-imbursement now due

and a full account of the project expenditure is given on the attached Project Summary Forms.

I also confirm that:

* No other claim has, or will be made, in respect of this expenditure from any other Body or

individual;

* No other funds have, or will be received, in respect of this expenditure from any other Body or

individual;

* All expenditure claimed has been paid in the implementation of the approved project;
* No net asset included in this claim has been sold or disposed of; and
* No expenditure included in this claim has been included in any previous claim.

**Prepared by**

**Signature ………………………………………………….…………**

**Print name …………………………………….……………..…….**

**Position in organisation ………………………………………. Date ……………………………...**

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| --- | --- | --- | --- |
| **For Office Use Only** | | | |
| **Signature :**  **Funding Unit Manager** |  | **Date** |  |