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|  | GRANT CLAIM FORMGeneral/Declarations | **1** |

Grant Ref No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 1** | **Declarations and Claim Indicator** |

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| Please read the following carefully before completing the claim form: | |  |  |
| 1)  2)  3) | This form is used when making claims against IDA grants.  The forms should be typed or clearly printed.  Grant Instalments may be claimed where eligible costs have been incurred and paid by grantee. |  |  |

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| Name of Grantee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Address |
|  |
| Telephone |
| Email  Name of person with responsibility for company claim |

##### Declarations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby declare that:

* The costs as stated on the attached claim have been paid in full by the grantee company and are net of the following: Government Wage Subsidy Schemes (TWSS and EWSS), trade and/or cash discounts, commissions, rebates, VAT and Employers PRSI Contributions.
* Foreign currency amounts have been converted to € using the rate of exchange at the date of payment and thus represent the actual € cost incurred.
* The assets covered in this claim are new, in place and fully commissioned and will not subsequently be leased, sub-let, relocated or disposed of without the prior written consent of the IDA.
* The costs included in this claim have not been included in previous claims to the IDA, any other Government Agency, the EU, or for any grant.
* I/We have no objection to the IDA contacting our Insurance Agents, Auditors or Solicitors in relation to any matter pertaining to this grant claim.
* All planning and environmental regulations and requirements have been complied with in relation to the undertaking.
* The information contained in this claim documentation is true, accurate and complete.
* A link to IDA’s Privacy Notice relating to IDA’s processing of Grant Information has been provided to each affected data subject prior to the information being shared with IDA <https://www.idaireland.com/IDAIreland/media/docs/IDA-Privacy-Notice-(Grant-Applications-Claims)-17-October-2018.pdf>).
* **capitalised Salary Costs are incurred in the acquisition or commissioning of a fixed asset and that the costs have been capitalised in accordance with generally accepted accounting treatment**

Remarks (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This Grant Claim Declaration to be signed in accordance with the following criteria:**

* **Irish Incorporated Company – by Managing Director or Finance Director or Secretary or two Company Directors (the directors and secretaries names must be listed with the Companies Registration Office)**
* **Overseas Incorporated Company – by the most Senior Executive resident in Ireland**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| The Name and Address of our Independent Accountant is: | |
| NAME |  |
| ADDRESS |  |
|  |  |
|  |  |
| NAME OF CONTACT PERSON |  |
| CONTACT NUMBER/E-MAIL ADDRESS |  |