|  |
| --- |
| **Museum & Tasglann nan Eilean****Lews Castle, Stornoway, Isle of Lewis HS2 0XS****Telephone: 01851 822746** |



Form C: claim for reimbursement of payment

plus submission of evidence

Heritage Equipment Grants 2023-2024

Use this form for Heritage Organisaiton Equipment Grants **only**

Do **not** complete this form unless you have **already** successfully made an application using

Form B (Application for a Heritage Equipment Grant).

**Deadline 16 February 2024**

Completed claim forms should be returned by email to

MuseumU&B@cne-siar.gov.uk

# Section C1: Applicant details

|  |  |
| --- | --- |
| Name of organisation claiming grant |  |
| Person claiming payment |  |
| Position of claimant within organisation |  |
| Organisation address |  |
| Organisation postcode |  |
| Organisation phone |  |
| Mobile phone number |  |
| Email (of organisation rather than claimant) |  |

# Section C2: Details of grant and reimbursement claim

Information provided in this section should be informed by the results of your **prior** application using Form B (Application for a Heritage Equipment Grant).

|  |  |
| --- | --- |
| Grant reference number |  |
| Date of approval |  |
| Total cost of project | £ |
| Amount awarded |  |
| Date claim due by |  |
| Amount claimed | £ |
| Amount outstanding | £ |
| Type of payment (state whether instalment or final) |  |

Continued over the page

# Section C3: Evidence checklist

Please tick (🗸)to confirm submission:

|  |  |
| --- | --- |
| **Mandatory evidence** | **Submitted?** |
| Grant report (please complete Section C5 below) |  |
| Copy of receipted invoice(s) for the **full** cost of the project |  |

# Section C4: Declaration

I hereby apply to Comhairle nan Eilean Siar for payment of the grant overleaf. I have read the Notes for Guidance and I agree to abide by them. I have completed the report below.

Signed: Date:

# Section C5: Grant report

Please write a short report of your project (use a continuation sheet if necessary) detailing:

* What you bought
* How your purchase has benefited your organisation and your community
* Any further relevant details including any changes from your original submission and whether you received permission to make the change

# For office use only

|  |  |
| --- | --- |
| Approved? (Yes or No) |  |
| Rejected? (Yes or No) |  |
| Amended? (Yes or No) |  |
| Amount paid | £ |
| Name (block capitals) |  |
| Authorised signature |  |
| Date |  |