# Future Subsidiary Leaders Programme Grant Claim Checklist

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| --- | --- |
| **Project No:** |  |
| **Details of person responsible for company claim** |
| **Name:** | **Email Address:** |
| **Company:** |
| **Date claim received:** |
| **Address:** |  |
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**Note: Only one claim can be made in respect of this grant once assignment is completed**

### Please complete details above and mark each box below to indicate that the required documents are enclosed.

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| --- | --- | --- | --- | --- |
|  | **The following should be submitted with your claim.** | | | |
| **Required Documents** **Checklist** | **Details** | **Items**  **Enclosed** | **Checked**  **By IDA** |
| **Checklist** | **Complete this form for each claim and attach documents** |  |  |
| **Legal Documents – first claim only** | Copy of Certificate of Incorporation |  |  |
| **General Declaration Form** | Submitted in original with signatures of either the Managing Director or Finance Director of Secretary of two Company Directors. |  |  |
| **Directors Statement of Claim** | Completed on Company’s Headed Paper |  |  |
| **Grant Claim Form and Back-up Documentation** | 1. Copy of IMI invoice 2. Proof of payment   *Proof of payment i.e. bank statement or company credit card statement. (Note invoices marked paid or suppliers’ statements are not acceptable proof of payment)* |  |  |
| **Form 5 – Training Expenditure** | Itemised list of expenditure claimed, signed by a Director |  |  |
| **Tax Clearance** | **Tax Clearance must be valid on submission & payment of grant claim**. Please input PPSN/Tax Reference Number (TRN) & Tax Clearance Access Number (TCAN) for verification.  **PPSN/TRN** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TCAN** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Bank Details** | Details of account for payment. |  |  |
| **Letter of Offer** | Signed and dated acceptance of the Letter of Offer duly executed (if not already submitted) |  |  |