## Lean Start Project Grant Claim Checklist

|  |  |
| --- | --- |
| **Project No:** |  |
| **Details of person responsible for company claim:** |
| **Contact Name:** | **Email Address:** |
| **Company:** | **Telephone No:** |
| **Date claim received by I.D.A** |
| **Address:** |  |
|  |
|  |

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

* **Documents should be attached to the checklist in the order listed below.**

### Failure to submit any of the required documents will result in the claim being returned with the missing items marked.

|  |  |  |  |
| --- | --- | --- | --- |
| **The following should be submitted with your claim** | | | |
| **Required Documents** | **Details** | **Items**  **Enclosed** | **Checked**  **By IDA** |
| **Checklist** | **Complete this form for each claim and attach documents** |  |  |
| **Directors Statement** | Completed on Company’s Headed Paper, download from www.idaireland.com |  |  |
| **Declaration Form** | Submitted in original with signatures of two directors or one managing director. |  |  |
| **Invoices** | Copy of Consultant’s Invoice |  |  |
| **Confirmation of Payment** | Copy of Bank Statement/ Credit Card Statement/ Suppliers Statement as proof of payment |  |  |
| **LeanStart reports** | * Day 1 report (Appendix 1) * Final Report (Appendix 2) * Case Study (Appendix 3) * Metrics (Appendix 4) |  |  |
| **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** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Letter of Offer** | Signed and dated acceptance of the Letter of Offer duly executed (if not already submitted) |  |  |
| **Annual Audited Accounts** | A copy of the most recent Annual Audited Accounts |  |  |
| **Bank Details Form** | IDA Ireland endeavours to make all payments by Electronic Fund Transfer (EFT). Complete the Bank Details form and submit if the details have not already been provided. The name of the bank account MUST be the same as the name of the grantee. Mark N/A if already submitted. |  |  |

**Final Claim** Yes

### No