|  |
| --- |
| **LEAN PLUS PROGRAMME** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of person responsible for company claim** | |  | | |
| **Name:** | |
| **Company:** | | **Email Address:** | | |
| **Address:** | |
| **Date claim received by IDA** | | |
| **Project Type:**  **Lean Plus Assignement** | |
| **Project No:** | |
| Max of 2 Claims allowed against this grant. Please indicate is this is the first or final claim.  **First Claim Final Claim** | |
| **The following should be submitted with your claim.** | | |  |  |
| **Required Documents** | **Details** | | **Items**  **Enclosed** | **Checked**  **By IDA.** |
| **Checklist** | Please mark each box with a tick or N/A and remember to submit this completed checklist along with the claim. Ensure that you read the checklist carefully and submit all relevant documentation. Failure to submit any of the required documents will result in the claim being returned | |  |  |
| **Directors Statement** | Completed on Company’s Headed Paper. Amount on the director’s statement should tally with the Claim Form. | |  |  |
| **General Declaration Form** | Submitted in original with signatures of either the Managing Director or Finance Director or Secretary or two Company Directors | |  |  |
| **Grant Claim Form** | A detailed outline of the eligible expenditure for both internal and external trainers | |  |  |
| **Back-up Documentation** | **- Consultant/Trainer Fees:**  Copy of External Consultant’s/External Trainer’s Invoice **(invoices must clearly state the work undertaken, daily rate and number of days.**  **- Internal Project Champion:**  A copy of the most recent payslip for the employee and proof of payment i.e. Company Bank Statement (for batch payments payroll will also be required) | |  |  |
| **Proof of Payment** | **-Consultant/Trainer Fees:**  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)  **-Internal Project Champion:**  proof of payment i.e. Company Bank Statement (for batch payments payroll will also be required) | |  |  |
| **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** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| **Signed Letter of Offer** | Signed and dated acceptance of the Letter of Offer duly executed (if not already submitted) | |  |  |
| **Project Report** | A report on the outcome of agreed activities, training plan and targets to be submitted for each claim | |  |  |
| **Annual Audited Accounts** | A copy of the most recent Annual Audited Accounts | |  |  |