***(To be submitted on festival/event/company letterhead)***

The Manager – Grant Payment Unit

Fáilte Ireland

88-95 Amiens Street

Dublin 1

Date: \_\_\_\_\_\_\_\_

**Directors’ Statement of Claim**

**Festival/Event Name:**

**Letter of Offer Dated:**

**Total Grant Approved:**

**Total Grant Being Claimed:**

Dear Sirs

In accordance with the above grant offer, we hereby apply, on behalf of the above organisation for a grant amounting to €\_\_\_\_\_\_\_\_\_\_.

We confirm that we are in compliance with all warranties and declarations, as detailed in the Grant Application and in the Letter of Offer, unless otherwise stated. We also confirm that we are and will continue to be fully compliant with all relevant legal obligations and other regulations

The amounts listed on the attached invoice listing *totalling €\_\_\_\_\_\_\_\_\_\_\_\_* have already been paid to date, are not the subject of any previous claim, either to Fáilte Ireland or any other state funding body (except as disclosed), have not been the subject of credit notes, or refunds from suppliers, will not form part of any future grant claim to any funding body, **include/exclude** *(delete as appropriate)* VAT and are in accordance with the books and records of this organisation.

We also certify that the total expenditure for the event exceeds the amount of grant support from all public funding bodies *(as outlined in the Income and Expenditure Statement submitted with this claim).*

All original invoices, receipts, payment records and bank statements supporting this claim, as listed, are available for inspection when required as well as all working papers supporting this claim. We commit to hold all documentation for a minimum period of seven years and six months.

In our opinion the claimed invoices and amounts fulfil the eligibility criteria for grant aid per the above-mentioned Letter of Offer.

Claimant’s signatures: (to be signed by two Directors or Committee-Members)

Signature Signature

Date Date

Name (Print) Name (Print)

Position Position