FiPL GRANT CLAIM FORM

Note: all supporting information referred to in the FiPL Funding Letter or this payment schedule must be submitted in accordance with the claim’s procedures and conditions of payment at the foot of this claim form.

This document is an invoice for the **Farming in Protected Landscapes (FiPL) programme**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Grant Name and Address**  *Enter PL name and address* | | | **2. Grant Recipient Name**  *Enter PL name* | | |
| 1. **Amount of FiPL Offer**   *Enter total Y3 (23/24) funding allocation*   1. **Period of FiPL Offer**   *FY 2023/24* | | | 1. **Amount of FiPL Claim**   *Enter total claim amount (i.e. same amount as the “Total Eligible Expenditure” in Section 10).*   1. **Period covered by FiPL Claim**   *E.g. Apr-Jun 2023* | | |
| **7. Claim type**  *Please mark the relevant FiPL claim instalment made with ‘x’* | | | 1. **Purchase Order number**   *Please include FiPL PO number (the same number used in FY22/23)*   1. **Grant Claim unique identification number (e.g. the Grant Recipient’s invoice no.)**   *Please include a unique ID number for the invoice* | | |
| **1st instalment** | |  |
| **2nd instalment** | |  |
| **3rd instalment** | |  |
| **4th instalment** | |  |
| **Additional claim** | |  |
| **10. Breakdown of expenditure claimed** | | | | | |
|  | **(a) Description of expenditure**  *Please add additional expenditure lines on a separate attachment if necessary.* | | | **(b) Amount** |  |
|  |  | | | £ |  |
|  |  | | | £ |  |
|  |  | | | £ |  |
| **Total Eligible Expenditure** | | | | £ | |
| I certify that:   1. The Funded Activities to which the claim relates are planned as set out in the Grant Recipient’s FiPL Monitoring Form and/or have been completed as planned; 2. The items of expenditure incurred/anticipated comprise only Eligible Expenditure which does not fall within any of the categories of Ineligible Expenditure as outlined in the FiPL National Framework and the Grant Funding Agreement. 3. The Grant Recipient is on track to achieve the Business Plan Commitments for this Financial Year by the end of the Financial Year. 4. I have to the best of my knowledge and belief complied with all the Conditions subject to which I have agreed to receive the Grant have been met. 5. In completing this FiPL Grant Claim Form, I have been truthful, accurate and complete and have in good faith given honest estimates of any anticipated Eligible Expenditure.   I therefore claim payment of £ ................................................. | | | | | |

Position ……………………………………….

Date …………………..

Signed ………………………..... Name (CAPS) ...............................................................

**Claims procedures and conditions of payment**

1. All payments made in respect of any claim form are made subject to the payment terms below and to the Authority’s right to demand repayment in accordance with the Conditions in clause 24 of your Grant Funding Agreement.
2. The Grant Recipient must submit four separate claims for payment of each instalment of the FiPL Funding on dates set out in the Payment Schedule in respect of forecast Eligible Expenditure as explained in the form above. All sections of the FiPL Grant Claim Form must be fully and accurately completed and submitted to: [FiPL@Defra.gov.uk](mailto:FiPL@Defra.gov.uk)
3. The Authority may request the Grant Recipient to provide additional evidence of how the FiPL Funding is used at any time.
4. The Grant Recipient must only include the relevant allocations of Eligible Expenditure to the relevant Funded Activities and the basis of any apportionment/allocation must be clearly set out in the breakdown.
5. If the Grant Recipient is unsure whether Expenditure is Eligible Expenditure or Ineligible Expenditure, the Authority’s written consent should be obtained before incurring that expenditure.