



# COMHAIRLE NAN EILEAN SIAR

Community Learning & Development; Community Engagement Unit;  
CNES, Sandwick Road, Stornoway, Isle of Lewis HS1 2BW

Tel: 01851 822714

Email: [CLDGrants@cne-siar.gov.uk](mailto:CLDGrants@cne-siar.gov.uk)

[www.cne-siar.gov.uk/grants/index.asp](http://www.cne-siar.gov.uk/grants/index.asp)

## CLAIM FOR PAYMENT / SUBMISSION OF EVIDENCE FORM

### Grants to Voluntary Organisations

Completed forms should be returned, together with evidence to [CLDGrants@cne-siar.gov.uk](mailto:CLDGrants@cne-siar.gov.uk)

#### APPLICANT DETAILS

Name of Organisation Claiming Grant: .....

Person Claiming Payment: .....

Address: .....

Home Tel No: ..... Mobile Tel No: .....

E-mail: ..... Position within Organisation: .....

#### DETAILS OF GRANT & CLAIM

Grant Reference No: ..... Date of Approval: .....

Amount Awarded: £ ..... Date Claim due by: .....

Reason For Grant: .....

Amount Claiming: £ ..... Amount Outstanding: £ .....

Type of Payment: Instalment  Final

Conditions Attached to Award: Subject to evidence   
Please tick (✓) (see list below) .....

and/or Other (please specify) .....

Please tick (✓) items that are being submitted

Grant Report (complete overleaf) .....

Copy of Receipted Invoice(s) –

To include Total Cost of Project £ .....

Other (please state) .....

#### DECLARATION

I hereby apply to Comhairle nan Eilean Siar for payment of the above grant. I have read the Notes for Guidance and I agree to abide by them.

Signed: ..... Date: .....

#### FOR OFFICE USE ONLY

Approved  Rejected  Amended  Amount Paid £ .....

Authorised Signature: ..... Date: .....

Name (Block Caps): .....

**GRANT REPORT DETAILS**