|  |  |
| --- | --- |
| **Project Number:** |  |
| **Details of person responsible for company claim** |
| **Name:** | **Date claim received by  Enterprise Ireland** |
| **Company:** |
|  |
| **Email Address:** |
| **Address:** |

* Please complete details above and mark each box below to indicate that the required documents are enclosed.
* Failure to submit any of the required documents will result in the claim being returned with the missing items marked.
* **Documents should be attached to this completed checklist in the order listed below and submitted by email to** [IndustryGrantClaims@enterprise-ireland.com](mailto:IndustryGrantClaims@enterprise-ireland.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Documents** | **Details** | **Items**  **Enclosed** | **Checked**  **By E.I.** |
| **Independent Accountants Report** | All claims in respect of grants approved in excess of €400,000 must be certified by an Independent Accountant. |  |  |
| **Directors Statement** | Completed and signed by MD or 2 Directors on Grantee Company’s Headed Paper. |  |  |
| **Agile Innovation Grant Claim Forms**  **Please note the Claim Form is available in Excel – there are 4 worksheets in the excel claim form covering each type of eligible expenditure.**  **Please refer to your Letter of Offer to confirm what expenditure has been approved.** | Please ensure that the relevant claim form(s) are completed  Section 1. **Salaries:** Please ensure **timesheets** are completed for each employee claimed in salaries.  **Overheads:** Ensure that the overhead rate you are claiming is in line with the approved rate as per your Letter of Offer. |  |  |
| Section 2. **Prototype and Materials** |  |  |
| Section 3. **Travel and Subsistence** |  |  |
| Section 4. **Consultancy Fees** which, may include Certification/Clinical Trials. |  |  |
| Supporting payslips, proof of payment (i.e. bank statements), timesheets, invoices, statements, in respect of this claim should be available for inspection at the Grantee Company’s premises. **Do not submit supporting documents with the Agile Innovation claim.**  **Refer to Step 2,** Inspection Guide - Preparing for a Site Inspection. |  |  |
| **Progress Report** | For each claim, a progress report which details the tasks undertaken as part of the Agile Innovation project must be submitted. |  |  |
| **Tax Clearance** | **Tax Clearance for the Grantee Company must be valid on submission and at payment of grant claim**. Please input PPSN/Tax Reference Number (TRN) **and** Tax Clearance Access Number (TCAN) for verification.  **PPSN/TRN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TCAN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **Special Conditions** | Some grant approvals have special or performance related conditions included as a pre-condition of payment. Evidence of compliance with these conditions should be forwarded to your Development Adviser for clearance. (The special/performance related conditions are specified in the Letter of Offer – Schedule A1.) |  |  |
| **Bank Details** | Enterprise Ireland makes all payments by Electronic Fund Transfer (EFT).  Required if:   * First time to submit a claim, or * Existing Grantee Company EFT details have changed, or * If the Grantee Company have not verified their Bank Details to us within the last 2 years.   Does the Grantee Company need to submit EFT details to Enterprise Ireland?  If yes, please email [bank.confirmation@enterprise-ireland.com](mailto:bank.confirmation@enterprise-ireland.com) attaching a redacted bank statement, which clearly shows:   1. Grantee Company Name (as per Letter of Offer) 2. Bank Name 3. IBAN   Noting that, a member of our Finance Team may contact you to confirm the last 4 digits of your IBAN. | Email sent to  [bank.confirmation@enterprise-Ireland.com](mailto:bank.confirmation@enterprise-Ireland.com)  Yes:  No: | |

**Note: A maximum of 3 claims are allowed under this Grant. Is this your Final Claim?** Yes or No