**Advance Claim Form**

**Biodiversity Challenge Funds: Darwin Initiative, IWT Challenge Fund and Darwin Plus**

**Submit to:** [**BCF-Finance@niras.com**](mailto:BCF-Finance@niras.com) **including your project reference in the subject line**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Reference No: |  | FOR INTERNAL USE ONLY | |
| Grantee Organisation: |  | Received/checked date: |  |
| Organisation Address: | Accepted/checked date: |  |
| *Reason for any significant difference above* | |
| Project Title: |  | Submitted early/report or audit delayed: |  |
| 1. **Claim period** |  | Reason claim figure amended: |  |
| Choose an item. | |
| Expenditure from: | | Claim total: |  |
| Choose an item. Choose an item. | | Payment Date: |  |
| Expenditure to: | | Invoice Reference: |  |
| Choose an item. Choose an item. | |

**2. Claim Amount and Certification**

I claim £       from the Department for Environment, Food and Rural Affairs, being a payment for work funded by the Biodiversity Challenge Funds for the year beginning 01 April Choose an item. . I certify that, to the best of my knowledge and belief, the information is accurate, the expenditure will be properly incurred and that no other grant has been or will be claimed from Central Government or government agency towards these costs without the full knowledge and agreement of the Department.

My claim is:

|  |  |
| --- | --- |
| The default amount\* of the value of the annual grant | Choose an item. |
| The same as my submitted forecast for this quarter, so I am not including a revised forecast | Choose an item. |
| Different to my submitted forecast because (please provide revised forecast using the table at the bottom of this form): | Choose an item. |

**\*please see finance guidance section 4.2 Payment Schedules for further information**

\*Signed:       Date:

**\*To be completed by signatory authorised on the original Grant Acceptance Form or notified to the Department thereafter**

**3. Confirmation of bank details for all projects**

Please confirm your bank details and currency. **Any details that do not match your supplier form will be checked with you and may delay payment.**

Name of organisation on bank account:

Bank Name:

Bank Account/IBAN Number:

Bank Sort Code/Swift Code:

**Payments will be made in GBP by default. Please let us know if your account cannot accept GBP and we can either pay in EUR or USD.**

Please confirm currency for payment: Choose an item.

**Please include any additional routing information to support the transfer:**

Intermediary bank details:

Other:

**4. Contact Details** – Who should we contact if we have queries about the information on this claim form? To whom should we send remittance advice once the payment has been processed?

Name:       Position

Telephone number:       E-mail:

Email for remittance advice:

**5. Changes** – Please tick the box below if the details have changed **since your last grant payment.**

Signatory panel You must attach a new signatory panel form \*\*

Banking details You must attach a new supplier set-up form \*\*

Forecast You must complete the table below.

|  |  |  |
| --- | --- | --- |
|  | **Estimated spend - GBP** | **Comment if relevant** |
| **Q1 April – June** |  |  |
| **Q2 July – Sept** |  |  |
| **Q3 Oct – Dec** |  |  |
| **Q4 Jan – March** |  |  |
| **Total** | **£** |  |