**Core Grant Final Claim Form for Organisations – Ulrike Michal Foundation for the Arts**

Please print off a copy of this form, sign and return to the foundation.

**Project reference:** UMMFTA CG....................................

**Grant awarded:** £.................................

**Initial grant payment** £.................................

**Interim grant payment** *(if applicable)*£.................................

**Final payment requested:**  £.................................

*(This form should be signed by the agreed representative of the organisation)*

I/We have complied with the applicable terms and conditions outlined in UMFFTA Grant Terms and Conditions (Core Grants) document and any other requirements or conditions set out in the original grant award letter.

I/We have completed and submitted the foundation’s Project Completion Report form to info@umffta.org

I/We have sent at least six high quality digital images chronicling the project to info@umffta.org

**Full Name:**

**Position:**

**Name & Address of Organisation:**

**Signature:**

**Date:**

# Section 2 – To be completed by all grant recipients

Please complete the form below to ensure the final payment is made to the correct account.

**Bank details:**

|  |  |
| --- | --- |
| **Bank Account Name** |  |
|  |  |
| **Sort Code***(6 numbers)* |   \_\_-\_\_-\_\_ |
|  |  |
| **Account Number***(8 numbers)* | \_ \_ \_ \_ \_ \_ \_ \_ |
|  |  |

If the bank account name is different to the name used in the original application, please give details below. You may need to supply documentation to confirm this and can contact us if you have any questions.

|  |
| --- |
|  |

**Authorised signature(s)**

I/We confirm that the above details are correct and agree to inform you in writing of any changes.

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Position** *(Organisation only)* |  |
|  |  |
| **Signature** |  |
|  |  |
| **Date** |  |
|  |  |

As you have applied as an **organisation**, you must include a second signature below.

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Position** *(Organization only)* |  |
|  |  |
| **Signature** |  |
|  |  |
| **Date** |  |

Please print off, complete and sign this document and post it to:

UMFFTA Grant Scheme, c/o 45 Wynnstay Crescent, Rhostyllen, Wrexham, LL14 4BL.