

## EMPLOYMENT GRANT CLAIM FORM

It is intended that this form should be simple to complete. If you have any difficulties with it please consult with the Local Enterprise Office. On completion send the form, together with any necessary documentation, to the Head of Enterprise, Donegal Local Enterprise Office, Donegal Co. Council, The Enterprise Fund Business Centre, Ballyraine, Letterkenny, Co Donegal.

Grantee Name:

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### 1. EMPLOYMENT GRANT CLAIM

Employment grants are payable in two equal instalments, the first when a full time job has been created and wages/salary received and the second six months later. The level of grant payable relates to the number of additional new full time jobs created in accordance with the grant offer. In order to make a claim please provide the information requested overleaf, complete the boxes below and certify the claim.

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Grant ref no

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Total current employment

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Number of grant instalments now claimed

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I/We certify that the details given above and overleaf are correct and complete and that each person included has received payment of Wages/Salary in respect of full time qualifying employment and, in the case of second instalment claims that each person has been in full time employment for the period of not less than 6 months and has been in receipt of Wages/Salary for this period. The expenditure claimed is exclusive of any expenditure previously claimed under this or any other grant programme.

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**Signed**

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*[Managing Director/Grantee]*

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**Date**

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### TAX CLEARANCE DECLARATION *[this declaration must be completed]*

I/we hereby confirm that the tax affairs of \_\_\_\_\_ [grantee] are in order

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**Signed**

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*[Managing Director/Grantee]*

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**Date**

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Tax Ref No

Tax District

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**NOTE:** This claim must also be accompanied by a Tax Clearance Certificate

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Oifig Fiontair Áitiúil Dún na nGall

Local Enterprise Office Donegal