

Down Syndrome Ireland

Waterford & South Kilkenny Branch

2017 Members Funding Form

This form may be used by members or on behalf of members to request funding under the members funding scheme which was approved at the Branch Committee Meeting of February 2017..

Under the agreed funding scheme, 50% or 100% of qualifying expenses will be paid, up to a maximum of €500 for 2017.

Qualifying expenses are clearly set out in the scheme. Please do not claim for non-qualifying expenses as they will not be paid.

An appeal may be lodged with the committee for where expected expenses are not paid.

Funding will not be issued without receipts, and letters of recommendation from a Doctor and/or evidence of VAT reclaim where required. Receipts must be signed by the provider of the service/activity. Receipts will not be returned but copies of receipts are acceptable. Funding will not be paid without a completed and signed funding form for each claim. Expenditure

must have been incurred in 2017. The accompanying fundraising participation form **must** be completed and signed **prior** to submitting a claim

Payments will be made by the Treasurer approximately on a quarterly basis, time permitting. Cheques will be made payable to the Claimant (i.e. the person who signs the form).

Name

Address

Mobile Number and/or email:

Members Name

Date	Details of Expenditure	Total Expenditure €	Amount paid @ 50% of received expenses*	Amount paid @ 100% of received expenses*
	TOTAL			
	TOTALS PAID @ 50% & 100%*			
	TOTAL PAID THIS CLAIM*			
	Cumulated Funding for 2017*			

**These fields to be completed by the treasurer.*

CHECKLIST: Claim will only be paid where;

- Receipts for all expenditure are enclosed
- Evidence of a VAT refund and/or letter from Doctor/Therapist is enclosed for aids/appliances
- The fundraising participation form has been completed

Signature of Claimant:

Date of Application:

Completed form to be forwarded to; The Treasurer: DSI Waterford & Sth. Kilkenny Branch, St. John's College, The Folly, Waterford.

treasurer@dsiwaterford.ie.

Down Syndrome Ireland
Waterford & South Kilkenny Branch
FUNDRAISING PARTICIPATION FORM

To be completed prior to submitting a claim for Branch funding.

Please provide contact details for one or more family members or friends who will be available for fundraising, and commit to at least one fundraising or branch activity by ticking one or more boxes in the form below. If you are unsure about your availability, please give contact details for at least one other person who will be willing to substitute for you on the selected days. It would be appreciated if you could ask as many friends or relatives as possible to volunteer and include their contact numbers (use the back of the form if necessary);

NAME OF VOLUNTEER	MOBILE NUMBER OR OTHER CONTACT DETAILS

FUNDRAISING EVENT/ACTIVITY

Tick

Church gate collections in Waterford County (East & West)	
Church gate collections Waterford City .	
Church gate collections South Kilkenny	
Bucket Shaking (Tour de Munster or other events)	
Bag Packing/Honey Days	
Marshalling or Catering (Tour de Munster or other events)	
Organise an Ice Cream party <i>Specify:</i>	
Organise or Co-Ordinate another fundraising activity in your local area. <i>Specify:</i>	
Coin Box co-ordinator/collector in your area (City, East Waterford, West Waterford, S. Kilkenny). <i>Specify Area:</i>	
Branch Volunteer (e.g. Activity Co-Ordinator or Volunteer, Branch Committee, etc) <i>Specify:</i>	

Name:

Date:

Signature: