

LATF Maintenance Claim Declaration Form

Notes:

- Please complete both sections of the form in full.
- Please read and sign the declaration – this can be electronic or ‘wet’ paper-based signature (print and sign). To use an electronic signature, you will need to open the form using adobe reader and click the ‘fill and sign’ function.
- Any incomplete or incorrect declaration forms will be returned.

Section 1: Claim details

Grant scheme:	Local Authority Treescapes Fund			
Agreement Reference number:				
Financial Year this claim is due:				
Are you the:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a) Agreement holder?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Agent with consent to act on agreement holders' behalf?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If b) above please can you confirm that as the Agent, you have formally informed the Agreement holder of the details of this claim?				
Name of business or individual to be paid				
FC Supplier Number				
SBI number				

Please give any additional information relevant to your claim:

Section 2: Declaration

I confirm that I understand this claim is for the amount awarded for this financial year, as stated in the Grant Determination Letter or subsequent Amendment Letter, if applicable.

I confirm that the information provided in this form is accurate and complete and that the maintenance work has been carried out.

I confirm that I have retained the required evidence/proof of payment of all capital expenditure and can provide this should this be requested.

I confirm that where sites have not achieved 75% survival, I will ensure that affected sites are restocked up to 75% of the trees originally planted under this agreement or have applied for Force Majeure to remove them from future obligations.

I confirm that the payment details held under my supplier number are correct.^[1]

I have complied with and will continue to comply with the provisions of my agreement and the rules of the scheme as set out in my Grant Agreement until my agreement ends. If following submission of this claim form I am unable to fulfill the obligations of my agreement I will notify the Forestry Commission.

I accept the conditions of payment and understand that payment may be withheld or recovered if it appears to the Forestry Commission that any of the conditions have not been complied with or a false or misleading statement has been made.

I understand that an electronic signature is equivalent to a handwritten signature and by providing my electronic signature, this document is legally binding.

I confirm that I have read the Forestry Commission's Personal Information Charter which details how my personal information will be used to process my claim in line with the safeguards of the Data Protection Act 2018.

Warning: If you knowingly or recklessly make a false statement to obtain a grant payment for yourself or anyone else, you risk prosecution (which could result in imprisonment, a fine or both), and the loss of all grant payments paid to you under the scheme in respect of which you have made a commitment.

Name	
Signature:	
Date:	

^[1] If you need to update your payment details, please request a Supplier Amendment Form from the LATF grant team before submitting your claim form.