

Instruction: Mouse over the number for description



Annex I

**Grant Claim Form**

**Name of Awardee** \_\_\_\_\_

**Title of Project** \_\_\_\_\_

**Project Reference No.** **1** \_\_\_\_\_

**Funding Duration of Project** \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

**Submission Period for this Claim** **2** \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

**AIC Co-funding Proportion** **3** \_\_\_\_\_ %

**Is your company GST registered?** **4** \_\_\_\_\_

**5** SECTION 1 - Applicable if the Awardee is required to report revenue/donation generated from the project as stated in the Letter of Award

| <b>Project Revenue/Donation</b>   |                  |  |                                   |         |
|---|------------------|--|-----------------------------------|---------|
|   | <b>6</b>         | <b>7</b>   |                                   |         |
| Please provide a description for each item and attach supporting documents where applicable. Add rows if necessary. | Date of Document | Amount (100%)<br>(Pls exclude GST if your co. is GST registered) | Claim Amount (% Co-Funded by AIC) | Remarks |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
| <b>Total Amount</b>   |                  | \$ -   | \$ -                              |         |

SECTION 2

| <b>Project Expenditure</b>  |                  |  |                                   |         |
|---|------------------|--|-----------------------------------|---------|
|   |                  | <b>6</b>   | <b>7</b>                          |         |
| Please provide a description for each item and its invoice number, and attach supporting documents where applicable. Add rows if necessary<br>e.g. Inv A0001 - Stationery | Date of Document | Amount (100%)<br>(Pls exclude GST if your co. is GST registered) | Claim Amount (% Co-Funded by AIC) | Remarks |
| <b>(1) Capital Cost/Start-Up</b> <b>8</b>   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
| <b>Sub Total for Capital Cost/Start-Up</b>  |                  | \$ -   | \$ -                              |         |
| <b>(2) Expenditure on Manpower (EOM)</b> <b>9</b>   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
| <b>Sub Total for Manpower (EOM)</b>   |                  | \$ -   | \$ -                              |         |
| <b>(3) Other Operating Expense (OOE)</b> <b>10</b>  |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
|   |                  |  |                                   |         |
| <b>Sub Total for OOE</b>  |                  | \$ -   | \$ -                              |         |
| <b>Grand Total (1) + (2) + (3)</b>  |                  | \$ -   | \$ -                              |         |

We certify that the information is accurate, the expenditure has been properly incurred in accordance with the approved project and that any income/donation generated by the project has been declared and that no other grant has or will be claimed from AIC or from any other source towards these costs unless otherwise permitted.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Chief Executive Officer (or approved delegate)

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Director, Finance or CFO (or approved delegate)

- 1** Please input the details as per Letter of Award
- 2** Please input the duration in which the expenses are to be claimed.
- 3** Please input the percentage that AIC is funding.
- 4** Please select 'Yes' or 'No' from the drop down list.
- 5** SECTION 1 - Applicable if the awardee is required to report revenue/donation generated from the projected as stated in the Letter of Award
- 6** Please input 100% of the expenses incurred.
- 7** No input required. The claim amount will be auto computed based on the funding percentage and amount incurred.
- 8** Cost associated with the purchase of assets required for the projects  
E.g. laptops, equipments etc.
- 9** Manpower cost associated with the headcount required for the project,  
excluding costs relating to insurance and recruitment activities
- 10** All other incidental expenses directly related to the projects including medical and  
non-medical consumables, repair and maintenance, PR & Promotions,  
Communications, Utilities, Travelling and Transport expenses, as well as minor assets etc.
- 11** The total cost must tie to Annex J Manpower Report



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Annex K

**Cashflow Projection**

Name of Awardee

Title of Project

Project Reference No.

Funding Duration of Project  to   
Start Date End Date

**1** SECTION 1 - To be submitted together with Q1 claim only

**Q1 Submission - Cashflow Projection for CURRENT Financial Year (FY )** **2**

| Categories                       | Approved Budget for Current FY (based on the amount as stated in letter of award) | Quarter 1 Actual | Quarter 2 Projected | Quarter 3 Projected | Quarter 4 Projected | Full Year Revised | Projected FY Utilisation Rate (%) |
|----------------------------------|---|------------------|---------------------|---------------------|---------------------|-------------------|-----------------------------------|
| Revenue/Donation (if applicable) | <b>3</b>  | <b>4</b>         |                     | <b>5</b>            |                     | \$ -              | 0                                 |
| Capital costs/Start-Up           |   |                  |                     |                     |                     | \$ -              | 0                                 |
| Expenditure on Manpower (EOM)    |   |                  |                     |                     |                     | \$ -              | 0                                 |
| Other Operating Expenses (OOE)   |   |                  |                     |                     |                     | \$ -              | 0                                 |
| <b>Total Expenditure</b>         | \$ -  | \$ -             | \$ -                | \$ -                | \$ -                | \$ -              | 0                                 |

**6** SECTION 2 - To be submitted together with Q2 claim only

**Q2 Submission - Cashflow Projection for NEXT Financial Year (FY )** **7**

| Categories                       | Projected Utilisation in Previous FY | Quarter 1 Projected | Quarter 2 Projected | Quarter 3 Projected | Quarter 4 Projected | Full Year Projected | Increase from Previous FY (%) |
|----------------------------------|--------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------|
| Revenue/Donation (if applicable) | \$ <b>8</b>                          |                     |                     | <b>9</b>            |                     | \$ -                | 0                             |
| Capital costs/Start-Up           |                                      |                     |                     |                     |                     | \$ -                | 0                             |
| Expenditure on Manpower (EOM)    |                                      |                     |                     |                     |                     | \$ -                | 0                             |
| Other Operating Expenses (OOE)   |                                      |                     |                     |                     |                     | \$ -                | 0                             |
| <b>Total Expenditure</b>         | \$ -                                 | \$ -                | \$ -                | \$ -                | \$ -                | \$ -                | 0                             |

Endorsed by:

|  |                  |             |
|--|------------------|-------------|
|  |                  |             |
| <b>NAME</b><br>Chief Executive Officer (or approved delegate)  | <b>SIGNATURE</b> | <b>DATE</b> |
|  |                  |             |
| <b>NAME</b><br>Director, Finance or CFO (or approved delegate) | <b>SIGNATURE</b> | <b>DATE</b> |

- 1** SECTION 1 - To be submitted together with Q1 claim only
- 2** Please input financial year for the current year e.g. FY 2013
- 3** Please input approved grant amount as stated on the Letter of Award
- 4** Please input the actual claim amount for Q1
- 5** Please input the projected claim for Q2 - Q4
- 6** SECTION 2 - To be submitted together with Q2 claim only
- 7** Please input financial year for next year E.g. FY 2014
- 8** Please input full year revised budget as per Section 1 which was previously submitted in Q1
- 9** Please input the projected claim amount for Q1 - Q4 of next financial year