



CLAIM FOR DISBURSEMENT OF PRO-FAMILY BUSINESS GRANT

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| <ol style="list-style-type: none"> 1. You may require 10 minutes to fill in this form. All fields in this claim form are compulsory. Where information is not applicable, a "N.A." is necessary. 2. This claim form can only be submitted upon completion of the approved project and payment of the consultancy fees. 3. All necessary documents must be submitted together with your claim |
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Part 1. DETAILS OF CLAIM

1) Pro-Family Business Mark Application No.	
2) Registered Name of Company with Accounting & Corporate Regulatory Authority (ACRA)	
3) Correspondence Address	
4) Applicant Company's Contact Person	Email
Tel	Fax
5) Project Title	
6) Consultant Company	
7) Project Commencement Date (DD/MM/YYYY)	Project Completion Date (DD/MM/YYYY)
8) Grant Approved	
S\$	
9) Is the Consultant Company GST-registered?	
10) If "Yes", provide the following:	
GST Registration Number	GST Registration Date
11) Total Actual Cost	
a) Consultant's Fee	
b) Others	

c) GST (if applicable)	
Total Cost Paid by the Company (inclusive of GST) S\$	

PART 2. PROJECT ASSESSMENT

12. What is your overall assessment of the project?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
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13. Were the consultant's recommendations appropriate and actionable?

<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Not appropriate
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14. Have you taken action to implement these recommendations?

Yes, When?

No, Why?

15. What was the impact of the project on your company's operations and business as a result of the implementation of the project? Please state actual impact achieved on the following areas:

Areas of Improvement	Actual Benefits Achieved			
	Before implementation (\$/year)	After implementation (\$/year)	Improvements Achieved (\$/year)	% Improvement
Sales Revenue				
Operational Costs				
Others (Please specify)				

16. What other qualitative benefits did the company enjoy as a result of the project?

17. What is your assessment of the conduct of the project by the Consultant?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
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If poor, why?

PART 3. DECLARATION BY APPLICANT

18. We certify that the information stated in this claim and the accompanying information are true and correct and the expenses claimed have been paid by us in the implementation of the approved consultancy project and that apart from this claim, no other claims have been made for these expenses.

19. We declare that we have not received and will not be entitled to receive any forms of monies, loans, rebates, discounts, refunds or liquidated damages from the appointed consultants or any other persons for the above project.

20. We understand that we may be prosecuted under the Penal Code and MCYS may at its discretion withdraw the grant and recover immediately any amount of the grant that may have been disbursed, if we should give false or misleading statements or use any documents that is false or misleading in obtaining payment of grants from MCYS.

Signature	Signature

Only the sole proprietor, partner or company director of the applicant company, as registered with ACRA or professional bodies, may sign this declaration.	Only the accountant or auditor of the applicant company may sign this declaration.
Name	Name
Designation	Designation
Date	Date
PART 4. DECLARATION BY CONSULTANT	
21. We certify as detailed in the claim submission that all consultancy costs have been paid by the applicant via company. We are aware that any payment via company cheques which have not been cleared at the point of claim would not be considered as payment.	
22. We declare that we have not and will not be giving any form of monies, loans, rebates, discounts, refunds or liquidated damages to the applicant or its directors or shareholders or any other person related to the afore said persons for the above project.	
23. We shall permit the Pro-Family Business Secretariat, its officers or agents, full and free access to our place for operation, payroll register, financial statements, books, documents, papers and all such information as may be required for the purpose of monitoring the consultancy project or verification of the claims submitted by the applicant, and shall allow the Pro-Family Business Secretariat, its officers or agents to inspect, copy or make extracts from such registers, statements, books, documents, papers and information for these purposes. We understand that we may be prosecuted under the Penal Code, if we should give false and misleading statements to the grants being disbursed to the applicant.	
Signature Only the sole proprietor, partner, company director of the consultancy company, as registered with ACRA, may sign this declaration.	Name
	Designation
	Date
PART 5. SUBMISSION CHECKLIST	
24. Please ensure that the following documents are submitted together with the Claim Form:	Yes / No
Final Report by consultant	
Invoices and receipts (amounts in the invoices and receipts should tally with the amounts stated in the above)	
Bank statements of Applicant company (showing clearance of cheques)	
Duly completed Interbank GIRO form (to receive funds from MCYS)	