**NMF (M)**

**DISBURSEMENT FORM**

**Important Notes for the National Monuments Fund (Maintenance) Grant**

1. Please read the accompanying ‘NMF: A Guide on How to Apply’ carefully before completing this form.
2. The disbursement cannot be processed if the form or the relevant information is incomplete and will be voided if there are factual inaccuracies.

All questions in this form must be answered. If a question does not apply to you, write ‘NOT APPLICABLE or ‘N.A’. Please write clearly in BLOCK LETTERS.

1. The NMF (M) grant is disbursed as a single payment on a reimbursement basis. The approved works are to be completed for disbursement within 1 year from date of grant offer, except for routine annual contracts.
2. Request for disbursement must be made within 3 months of last completion of approved works.

Subject to the conditions of grant offer, disbursement shall be made within 2 months of PSM’s receipt of this form and supporting documents.

1. Please send the completed disbursement form and supporting documents to :

**Preservation of Sites and Monuments - NMF (M)**

**61 Stamford Road**

**#03-08 Stamford Court**

**Singapore 178892**

PSM cannot accept applications via email, fax or disc as the form needs to be signed by the authorised personnel and retained as an original legally-binding document. Note that documents submitted will not be returned to the applicant.

1. PSM practises an ‘access to information’ policy. Any information provided, with the exception of financial information, may become publicly available.

|  |  |  |
| --- | --- | --- |
| **NHB/ PSM Division [For official use only]** Applicant Name | Date of Receipt | File No. |
|  |  |  |
| Remarks |

**A. WHO IS REQUESTING FOR DISBURSEMENT OF NMF (M)**

Q1. **Applicant’s details**

|  |
| --- |
| National Monument (name and address): |
| Name of applicant (this can be the name of an individual or organization): |
| Name of contact person & designation in the organization : |
| Contact address: |
| Telephone: | Fax: | Email: |

**B. NMF (M) GRANT DETAILS**

Q2. **Please provide cost and completion date of the grant-approved works you are requesting for disbursement.**

You may use the given format below OR attach as a separate sheet in the same format.

|  |  |  |
| --- | --- | --- |
| **List of Grant-Approved Works**(Refer to letter of NMF(M) grant offer ) | **Completion Date**(MM/YY) | **Cost of Works**Exclude GST (S$) |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Amount requested for Disbursement**Note: This is capped by the awarded grant amount. | **S$** |
| **Awarded NMF(M) Grant Amount**  | **S$** |

Q3. **Are you applying for full disbursement of the awarded NMF (M) grant?**

□ Yes □ No

If No, please state reason(s) and the target completion date for all approved works.

|  |
| --- |
|  |

**C. BANK ACCOUNT DETAILS**

Q4. **Please provide details of the organisation’s bank account for crediting the agreed amount of grant.**

Please check your bank details carefully and ensure that PSM is informed of any changes to your account details after your form submission. PSM will not accept any liability for any loss incurred due to inaccurate account details.

|  |
| --- |
| Account name: |
| Name of bank & branch: |
| Address of bank (branch): |
| Account number: |

**D. AMOUNT OF CLAIM**

|  |
| --- |
| Total claim amount as shown in your itemised breakdown: |

**E. SUPPORTING DOCUMENTS CHECKLIST**

**Please tick and ensure that you have enclosed the following information.**

**Required items**

* Cost and completion date of the grant-approved works you are requesting for disbursement (Refer Q2).
* Copy of co-signed contract document(s) between the authorised personnel & contractor(s).
* Copy of payment receipts or invoices for the approved works signed by the authorised personnel.
* For termite control, please enclose service reports.
* For investigation works, please enclose specialist or conservator’s reports.
* NHB Finance’s Vendor Maintenance Form (Refer disbursement form Appendix A)

 Please fill in the organisation’s payment details for disbursement of the grant.

* Maintenance Plan (Refer disbursement form Appendix B)

Please note that PSM may not be able to process the application if the form or the relevant information is incomplete. If submission is incomplete, please indicate reason(s):

|  |
| --- |
|  |

**F. DECLARATION**

Your completed form must be furnished with the signatures of the authorised personnel and a witness defined as follows:

**Authorised personnel**: Appointed within the organisation to oversee the proposed works.

E.g. Chairman of building/restoration committee, key committee member.

**Witness**: Other parties not directly involved in the works.

E.g. Religious leader, trustee, committee member, patron or legal adviser.

PSM will liaise with the undersigned who will ensure adherence to the terms, if any communications are required.

* **I/we confirm that I/we have read and accepted the guidance provided, and that the information on this application form, together with the supporting documents enclosed, is accurate and complete to the best of my/our knowledge.**
* **I/we declare that I/we have no conflict of interest and am/are not affiliated to any of the contractors or the service providers.**
* **I/we further declare that I/we are able to co-fund the proposed works.**

* **I/we further declare that there is public access to the monument.**
* **I/we agree and accept that PSM has the right to reject/cancel my/our application if the application is incomplete; if there are inaccuracies in the submitted documents; or if I/we am/are not eligible for the grant.**

|  |  |
| --- | --- |
| Signature(s) of authorised personnel(s): | Signature of witness:  |
| Name(s): | Name: |
| NRIC: | NRIC: |
| Designation (for organisation only): | Designation (for organisation only): |
| Date: | Date: |
| Official stamp:  |

**Disbursement Form Appendix A**

**NHB Finance’s Vendor Maintenance Form**

**Disbursement Form Appendix B**

**Maintenance Plan**

You may use the given format below OR attach the organisation’s maintenance plan as a separate sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Building Element** (Please list…) | **Maintenance Tasks**(Please list…) | **Responsibility**(Contractor, specialist, volunteer, common staff etc.) | **Frequency**(Yearly, monthly etc.)  |
| 1 | **Roofs**  |
| Roofing tiles/ flashingFlat roof area  **…** | Inspect condition and repair like-for-like if necessary. **…** |   |   |
| 2 | **Rainwater disposal system**  |
| Rainwater guttersRainwater downpipesPerimeter drains**…** | Inspect for defects and clear of debris. **…**  |   |   |
| 3 | **Exterior** |
| Columns/ walls Balconies or ledgesDecorative features**…**  | Inspect and remove plant growth. **…** |   |   |
| 4 | **Interior** |
| Columns/ walls FloorCeiling**…** | Inspect for signs of leaks or cracks. **…** |   |   |
| 5 | **Openings** |
| Doors WindowsVentilation openings**…** | Inspect for defects and repair like-for-like if necessary.**…** |   |   |
| 6 | **General**  |
| Termite control Bird deterrentsM&E systemFire protectionLighting protection **…** | Inspect and treat/repair like-for-like if necessary. **…** |   |   |