NEWRY, MOURNE AND DOWN DISTRICT COUNCIL SCHEME OF ALLOWANCES PAYABLE TO COUNCILLORS

This Scheme is made under the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2012.

1. Definitions

In this scheme 'approved duty' and committee member are as defined in the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2012.

2. Commencement Date

This scheme of allowances shall be operational from 1 June 2017.

3. Basic Allowance

An annual basic allowance of £14,485 shall be paid to each Councillor. Where applicable this will be paid pro-rata.

4. Special Responsibility Allowance

- 4.1. A special responsibility allowance shall be paid to those Councillors who hold the special responsibilities specified in Schedule 1.
- **4.2.** The amount of allowance shall be the amount specified against that special responsibility in the Schedule. The allowance is only payable whilst the Councillor is carrying out that duty.

- **4.3.** At any time, only one special responsibility allowance will be paid to a Councillor.
- **4.4.** Where applicable any special responsibility allowances will be paid pro-rata.

5. Chairperson/Deputy Chairperson Allowance

- **5.1.** An allowance of £19,770 will be payable to the Chairperson of the Council. Where applicable this allowance will be paid pro-rata.
- **5.2.** An allowance of £6,170 will be payable to the Deputy Chairperson of the Council. Where applicable this allowance will be paid pro-rata.

6. Dependants' Carers' Allowance

- **6.1.** Councillors are entitled to claim a dependants' carers' allowance towards reimbursement of actual reasonable costs necessarily incurred in providing care for an eligible dependant, while carrying out an approved duty.
- **6.2.** A dependants' carers' allowance shall be payable based upon actual receipted costs or at the appropriate hourly rate, whichever is the lower; up to the monthly maximum.
- 6.3. The hourly rate of dependants' carers' allowance for standard care shall be £7.50 and for specialised care £15. The monthly maximum for standard care payable is £390 and the monthly maximum for specialised care is £780.

Councillors may claim only one DCA in respect of each occurrence of approved duty. Only one DCA rate is payable even if there are 2 or more children/dependants being cared for (claim form attached).

7. Travel and Subsistence Allowances

- **7.1.** A Councillor or committee member shall be entitled to claim travel and subsistence allowances where expenditure on travelling or subsistence has been necessarily incurred. The amount claimed should not exceed expense incurred. The amount claimed for subsistence should be inclusive of VAT and should not include any alcohol.
- **7.2.** The rates of travel allowance for travel by private vehicle shall be as shown in the table below.

Type of Vehicle	Rate per Mile
A pedal cycle	20.0p
A motor cycle (all engine capacities)	24.0p
A motor car of cylinder capacity exceeding 450cc but not exceeding 999cc	46.9p *13.7p
A motor car of cylinder capacity exceeding 999cc but not exceeding 1,199cc	52.2p *14.4p
A motor car of cylinder capacity not exceeding 450cc	22.0p
A motor car of cylinder capacity exceeding 1,199cc	65.0p *16.4p
An electric car	45.0p **25.0p
Passenger rate (per passenger)	5.0p

* For mileage above 8,500 miles

** For mileage above 10,000 mile

7.3. The rates of subsistence shall be as shown in the table below.

PERIOD/MEAL	RATES	
	British Isles £	London £
Accommodation allowance - An absence involving an overnight stay, away from the normal place of residence. This rate does not include any meal allowance.	100.70	122.45
Breakfast allowance - (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period before 11 am)	11.50	
Lunch allowance - (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period including the period between 12 noon and 2pm)	13.50	
Tea allowance - (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period including the period between 3pm and 6pm)	4.70	
Evening meal allowance - (more than 4 hours away from the normal place of residence or, where approved by the council, a lesser period ending after 7pm)	20.95	5

8. General

- **8.1.** This scheme may be revoked or amended at any time.
- **8.2.** The amounts stated in paragraphs 3-5 will be subject to any indexing increase during the year.
- **8.3.** The amounts stated in paragraph 6 will be subject to any increase to the national living wage for age 25+.

8.4. Where a Councillor is suspended from carrying out the duties of a Councillor, in accordance with Section 59 (5) of the Local Government Act (NI) 2014, the part of basic allowance, special responsibility allowance, or Chairperson/Deputy Chairperson allowance payable to the Councillor in respect of the period for which the Councillor is suspended, must be withheld.

9. Claims and Payment

- **9.1.** Payments regarding basic allowance and special responsibility allowance shall be made monthly.
- **9.2.** Claims for dependants' carers' allowance, travelling allowance or subsistence allowance should be made in writing within three months, and should be accompanied by receipts, where appropriate.

SCHEDULE 1 to the Scheme of Allowances

The following table provides details of the council's duties which attract a

Special Responsibility Allowance and the associated allowance amount.

Special Responsibility	Special Responsibility Allowance Rate (per annum)	Per Month (£)
Chairperson of Council	£19,770.00	£1,647.50
Deputy Chairperson of Council	£6,170.00	£514.17

Special Responsibility	Special Responsibility Allowance Rate (per annum)	Per Month (£)
Chairperson (Enterprise, Regeneration and Tourism Committee)	£3,400.00	£283.33
Chairperson (Active and Healthy Communities Committee)	£3,400.00	£283.33
Chairperson (Regulatory and Technical Services Committee)	£3,400.00	£283.33
Chairperson (Strategy, Policy and Resources Committee)	£3,400.00	£283.33
Planning Committee Member 1	£3,400.00	£283.33
Planning Committee Member 2	£3,400.00	£283.33
Planning Committee Member 3	£3,400.00	£283.33
Planning Committee Member 4	£3,400.00	£283.33
Planning Committee Member 5	£3,400.00	£283.33
Planning Committee Member 6	£3,400.00	£283.33
Planning Committee Member 7	£3,400.00	£283.33
Planning Committee Member 8	£3,400.00	£283.33
Planning Committee Member 9	£3,400.00	£283.33
Planning Committee Member 10	£3,400.00	£283.33
Planning Committee Member 11	£3,400.00	£283.33
Planning Committee Member 12	£3,400.00	£283.33
Party Representative (Sinn Fein)	£3,400.00	£283.33
Party Representative (SDLP)	£3,400.00	£283.33
Party Representative (DUP)	£3,400.00	£283.33
Party Representative (UUP)	£3,400.00	£283.33
Party Representative (smaller parties/independents)	£3,400.00	£283.33
Total Special Responsibility Allowance	£71,400.00	

DEPENDANTS' CARERS' ALLOWANCE CLAIM FORM – STANDARD CARE

Date care provided:	
Approved duty covered:	
(expand as necessary)	
Time from	Time to
Total travel time within abo	ove hours
Total hours:	
Cost per hour: £	
Total amount claimed £	
(Claim amount is subject to agre	eed travel time, hourly and monthly rate limits)
Name of dependant(s):	
Relationship(s) to councill	or:
Name of carer:	
National Insurance Numbe	er of Carer

Declaration:

I declare that the above named provided a childcare/carer service to me as detailed above, in order that I could perform the approved duty stated.

Name of claimant:	
Signature of claimant:	
Date of claim:	

NB – A claim form should be completed and submitted for each relevant occurrence of approved duty

DEPENDANTS' CARERS' ALLOWANCE CLAIM FORM – SPECIALISED CARE

Date care provided:	
Approved duty covered:	
(expand as necessary)	
Time from	Time to
Total travel time within abo	ove hours
Total hours:	
Cost per hour: £	Total amount paid: £
Total amount claimed £	
(Claim amount is subject to agre	eed travel time, hourly and monthly rate limits)
Name of dependant(s):	
Relationship(s) to councillo	or:
Name of carer:	
National Insurance Number	er of carer:

Declaration:

I declare that the above named provided a childcare/carer service to me as detailed above, in order that I could perform the approved duty stated.

Name of claimant:	
Signature of claimant:	
Date of claim:	

NB – A claim form should be completed and submitted for each relevant occurrence of approved duty. – **an original invoice from the carer must be presented with this** *claim form*