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**Adult Social Care Infection Control Fund Ring-Fenced Grant 2020**

**Section 8 – Care Provider Assurance Statement**

**This document must be completed by someone with legal responsibility for the care home, that may be an owner, company director or Nominated Individual only.**

|  |  |
| --- | --- |
| **CQC Registered Location name:** |  |
| **CQC Registered Location ID number:** |  |
| **Name of person completing form:** |  |
| **Designation / Role:** |  |
| **Amount of grant received by Registered Location:** | £ |

I confirm receipt of the above grant funding and acceptance of the grant conditions (including State Aid arrangements) specified in the agreement letter.

I agree that any sums not spent in accordance with the conditions set out in the agreement, shall be returned promptly to the Council.

**Signature**: ………………………………………………………………………….

**Date**: ……………………….

Please return this form by email to marketintelligence@birmingham.gov.uk by 21 June 2020

We would prefer to receive a signed and scanned copy of this document, however if that is not possible because of current working arrangements we will accept a typed signature.