

Adult Social Care Infection Control Fund Ring-Fenced Grant 2020

Round 2 October 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 26 November 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.

