|  |  |
| --- | --- |
| logo | **Interim Tender Claim** **For Official Use Only** |
|  |
|  |  |
| **CRN (For DfE Use)**  |  |  |  |  |  |  |
| * **Under NO circumstances will a claim be accepted where corrective fluid has been used.**
 |

|  |
| --- |
| **Voluntary-aided schools – grant claim:****tender approval stage** |

# Section 1: School details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | Your claim code |  | Local Authority number |  |  |
|  |  |  |  |  |  |  |  |
|  | School name |  | School number |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Project title |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Project type |  |  Project number |  |  |  |  | / |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Tender allocation | **£** |  |
|  |  |  |  |
|  | Current limit (97.5% of ATP allocation) | **£** |  |
|  |  |  |  |  |  |  |  |

# Section 2: Capital grant claim details

|  |  |
| --- | --- |
|  | **The governing body of the school in Section 1 claim capital grant for this project as detailed below.****NOTE: All costs need to be shown in 100% terms.** |
|  | Total amount of certificates and/or invoices (including VAT) that relate to this interim claim | **£** |  |
|  |  |  |
|  |  |  |  |  |
|  | LA share | **£** |  |
|  |  |  |  |  |
|  | Deductions (excluding LA share) for items that are 100% governing body responsibility | **£** |  |
|  |  |  |
|  |  |  |  |  |
|  | **Total less deductions (transfer to ‘This claim’ column total in Section 3)** | **£** |  |
|  |  |  |
|  |  |

# Section 3: Governors’ costs being claimed

|  |
| --- |
| **NOTE: Amount in ‘Total claims’ column should not exceed individual category amount shown in ‘Allocated’ column.** |
|  |  | Allocated£ |  | Previous claims£ |  | This claim£ |  | Total claim£ |  |
|  | Building work |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | VAT on building work |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Professional fees |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | VAT on fees |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

# Section 3: Governors’ costs being claimed (continued)

|  |
| --- |
| **NOTE: Amount in ‘Total claims’ column should not exceed individual category amount shown in ‘Allocated’ column.** |
|  |  | Allocated£ |  | Previous claims£ |  | This claim£ |  | Total claim£ |  |
|  | Furniture, fixtures and fittings |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

# Section 4: Claim commitments

|  |
| --- |
| If this project is being funded from several funding streams please indicate in which order and how much should be paid from each separate funding stream. |
|  |  | Budget type |  | Amount to pay |  | Budget type |  | Amount to pay |  |
|  | **1** |  |  | **£** | **4** |  |  | **£** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **2** |  |  | **£** | **5** |  |  | **£** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **3** |  |  | **£** | **6** |  |  | **£** |  |
|  |  |  |  |  |  |  |  |  |  |

# Section 5: Account details

|  |  |  |
| --- | --- | --- |
|  | Please pay the total amount as stated in the **‘This claim’** in Section 3, into the following account: |  |
|  | Sort code |  |  |  |  |  |  | Bank account number |  |  |  |  |  |  |  |  |  |
|  | **Only school governors’ or diocesan account details should be entered.**Please forward the notification of payment to the following addressee (this must be school, diocese or consultant) |  |
|  |  |  |
|  |  |  |

# Section 6: Bank details

|  |  |  |
| --- | --- | --- |
|  | If you have not already notified the Capital Funding Team, or if you are changing your bank account details, please complete the following:**Only school governors’ or diocesan account details should be entered.** |  |
|  | Name of account |  | Address of bank |  |
|  |  |  |  |  |
|  |  |  |  |
|  | Name of bank |  |  |
|  |  |  |  |
|  |  |  | Postcode |  |
|  |  |  |
|  | Sort code |  |  |  |  |  |  | Bank account number |  |  |  |  |  |  |  |  |  |
|  |  |  |

# Section 7: Governing body certification (or trustee/diocese authorised to act on their behalf)

|  |  |  |
| --- | --- | --- |
|  | **We certify that:*** the information on this form is correct;
* the contractor(s) will be promptly paid on receipt of grant payment;
* the work carried out complies with the current level of approval given by the Department;
* grant payment has **not** been previously sought for any invoice/certificates submitted with this claim;
* for interim claims, all invoices/certificates for work completed and being claimed, are enclosed;
* the account details notified to the Department should be used for payment of grant aid.
 |  |
|  | Signed |  |  Date |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Name (CAPITALS please) |  |  Position held |  |  |
|  |  |  |  |  |  |  |
|  | Signed |  |  Date |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Name (CAPITALS please) |  |  Position held |  |  |
|  |  |  |  |  |  |  |
|  | **Please note: 2 original signatures are required.** |  |

**Contact for correspondence**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Name (CAPITALS please) |  |  |
|  |  |  |
|  | Telephone number |  |  |
|  |  |  |
|  | Fax number |  |  |
|  |  |  |
|  | Email address |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Please email this form to:**Approvals.VA@education.gov.uk (please ensure that the form is signed before emailing it to us)Alternatively you can send the form to:  Capital Funding TeamDepartment for Education Bishopsgate House Level 1 Feethams Darlington DL1 5QE  |  |