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| **Disposal of capital asset/site: consideration of grant clawback** |
| **Provider information request form** |
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The Skills Funding Agency will assess and determine if there is capital grant that is in scope for clawback in accordance with the agreed conditions of grant funding. To help us do this, we need information about the proposed disposal of asset/building/land/site.

Please complete all sections of the form below and return by email to:

interventionintervention@sfa.bis.gov.uk

*(The information boxes in each section can be expanded should you need more space to complete details).*

Provider Details:

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| Provider name |  |
| Provider address |  |
| Contact name and job title |  |
| Contact telephone number(s) |  |
| Email address |  |

1. Name/description of disposal asset/site:

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2. Location of disposal asset/site:

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3. Expected date of disposal:

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4. Estimated disposal value:

*(Please provide a copy of the latest market valuation. If this is not available, please explain how the disposal value has been estimated).*

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5. What will the disposal proceeds specifically be used for?

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6. What will be the intended use of the asset/site on disposal?

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7. Details of the disposal asset/site:

*(Provide: description, current building use and curriculum occupation, building gross internal area (GIA)/site area and enclose with this form a site/building/boundary plan with the disposal asset clearly marked).*

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8. What is the reason for disposal? Please explain how this relates to any Area Review recommendations.

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9. Provide confirmation of all LSC/SFA capital grant monies your college has spent on the disposal asset/premises by completing the table below.

*(Include smaller grant allocations such as Renewal Grant or Capital Works Grant and details of amounts, apportioned if necessary).*

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| LSC/SFA project reference number | Total project cost approved | LSC/SFA grant awarded/ received  | Date grant awarded | Total project cost relevant to disposal asset  | Description and location of works carried out at the disposal asset/premises. |
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10 Declaration:

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| Declaration | I confirm that the information given in this form is true to the best of my knowledge and belief and is a true and fair reflection of the position concerning the disposal asset/site referred to in section 1 of this form. |
| Signature(Provider Principal/Chief Executive) |  |
| Print name  |  |
| Date |  |