

**Financial year 2017-18**

**Acceptance of Department for Education Grant Funding Agreement Terms and Conditions**

This acceptance must be signed by the **Headteacher** of the designated Teaching School / National Support School. If the designated school is part of a Multi Academy Trust (MAT) the person signing must have authority to sign for the school on behalf of the MAT.

This acceptance must also be signed by the **Chair of Governors** of the designated Teaching School / National Support School. If the designated school is part of a Multi Academy Trust (MAT), this must be the trustee or governor with delegated authority to sign for the school on behalf of the MAT.

Please note: **We can accept digital signatures or scanned electronic copies but cannot accept typed signatures.**

<b>ACCEPTANCE</b>	
<i>I confirm that the Grantee accepts the Department for Education Grant Funding Agreement Terms and Conditions together with any terms included in the grant offer letter:</i>	
<i>Headteacher Signature:</i>	
<i>Name (and role if applicable):</i>	
<i>School/Organisation:</i>	
<i>Date:</i>	
<b>Chair of Governors Signature:</b>	
<i>Name (and role within the school if applicable):</i>	
<i>Date:</i>	

**School bank account details**

Please provide details of the bank account to which NCTL will transfer Collaborative Fund grants; this must be the bank account of the designated Teaching School / National Support School (funds will be transferred electronically).

<i>School bank account name:</i>	
<i>Name of bank:</i>	
<i>Sort code:</i>	
<i>Account number:</i>	

<i>Other than the above account, do you have any other bank accounts used for payments from the Department for Education?</i>	
<b>Yes</b>	<b>No</b>



**School Business Manager** (SBM) or equivalent and the **Headteacher** of the designated Teaching School / National Support School must sign below to confirm the bank details are correct and those of the designated school / academy:

<b>SBM Signature:</b>	
<i>Name:</i>	
<i>Date:</i>	
<b>Headteacher Signature:</b>	
<i>Name:</i>	
<i>Date:</i>	

Contact details for the person to whom **remittance advices** should be sent:

<i>Name:</i>	
<i>Address (including postcode):</i>	
<i>E-mail:</i>	
<i>Telephone no:</i>	

**Register of Interests (mandatory question)**

Please declare below any conflicting interest for the above signatories (or any other person involved in administering these grants) that would affect this agreement or any subsequent grants awarded to the school.

For example, are any of the above signatories related? Do any of the above signatories hold any contracts with the NCTL or Department for Education?

Are there any conflict of interests (please circle as appropriate):	<b>Yes</b>	<b>No</b>
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*If you have answered **Yes** to the above question, please provide a brief description of the conflict of interests including the names and positions of those involved:*

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