|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto: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 Team  Department for Education  Bishopsgate House  Level 1  Feethams  Darlington  DL1 5QE |  |