



Department  
of Health &  
Social Care

# **Adult Social Care Extension of Infection Control Fund**

## **Annex D: Assurance Statement**

Published 1 July 2021

# **Use of the Adult Social Care Extension of Infection Control Fund**

*(for return by 29 October 2021)*

I am writing to certify that *[add name of authority]* distributed the Adult Social Care Extension of Infection Control and Testing Fund in line with the grant determination (annex A) and grant conditions (annex C).

I confirm that the reporting template submitted (annex E) is correct, and the local authority will return any unspent amounts reported there.

Yours Sincerely,

Chief Executive

Director of Adult Social Services