**1. Contact Details**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Type of Organisation when funding was given | Choose an item. |
| Regulator of Social Housing (RSH) Code |  |
| Investment Management System (IMS) code  (if different from RSH code) |  |
| Charity Commission Number (if applicable) |  |
| Contact Name |  |
| Contact Email Address |  |

**2. Notification of Event**

|  |  |
| --- | --- |
| Relevant Event  Please ensure you select an item from the list.  **For LA’s and RP’s ONLY** | Choose an item. |
| Relevant Event  Please ensure you select an item from the list.  **For URB’s ONLY** | Choose an item. |
| Date of Relevant Event | Click here to enter a date. |

**3. Property and Funding Details**

|  |  |
| --- | --- |
| Property(s) Address(es) |  |
| Postcode(s) |  |
| Link to property on Google Maps |  |
| Type(s) of Property | Choose an item. |
| Number of Units affected |  |
| IMS scheme ID(s) |  |
| IMS Scheme Name (if scheme name different from street name) |  |
| Project Scheme Number(s) (pre IMS) |  |
| Funding Programme (e.g., NAHP 08-11, AHP 15-18) |  |
| Was this property funded by NSAP, RSAP or SHAP? | Yes/No – if yes: please provide confirmation that you can recycle these funds from your Provider Manager. |
| Is this property part of a Strategic Partner Completion Phase? | Yes/No – if yes: please provide site name, site ID and phase ID |
| Year Scheme funded |  |
| Has the property(ies) been transferred from another Provider/Developer? | Choose an item. |
| If ‘yes’ please give details of previous owner(s) |  |

**4. Attributable Grant**

|  |  |
| --- | --- |
| Grant attributed to this property(s) covered by this notification |  |
| Amount of grant to be recovered in this event |  |
| Recovery Route | Choose an item. |
| This box is mandatory please include:  Written calculation of any grant amount including how grant attributed across the scheme, any previous staircasing recovery and eligible deductions. | |
| For Profit-Registered Providers only: Amount of Uplift to be recovered in this event |  |
| If repaying grant: Invoice contact details (if different to contact details above) | |
| If requesting to defer or waive recovery then please submit your business case as a separate attachment to this form. The Grant Notifications Team may ask further questions on your business case, in advance of returning a decision. | |