



# Change of Facilitator request form

## Countryside Stewardship Facilitation Fund

### Use this form if:

- you want to request a change of Facilitator for your group. You will need to fill in your group's Agreement Change Log alongside this form

### Notes about this form:

- Before filling in this form, the proposed Facilitator must:
  - be registered on the Rural Payments service and have the relevant permission levels for their group. They will need 'Submit' permission levels for both CS (Applications) and CS (Agreements).
  - read 'Who can apply and what land is eligible' in the Applicants guide relevant to your scheme year on GOV.UK, and be able to meet the eligibility requirements for the role
  - The group's existing Grant Funding Agreement (GFA) shows the training and advice that the existing Facilitator planned to deliver. We will look at any suggested amendments to the plan made by the proposed Facilitator only after we have approved their application. Any changes must remain within the original and agreed group budget.
- We are unable to fund any expenditure incurred before the new agreement is signed and can only fund projects which go beyond existing legal or statutory duties. CSFF funding is only available for non-statutory duties. It is not for work or services that would normally be provided by a statutory authority, such as a local authority.
- Both the existing and the proposed Facilitator need to fill out this form. The form must be counter-signed if the proposed Facilitator will be working on behalf of an organisation.
- This form needs to be signed with a wet signature. We will accept scanned wet signatures as long as the existing Facilitator keeps the original version and if agreed, passes this to the proposed Facilitator. Check any scanned information can be read clearly before submitting this form.

### How to submit your request

#### Existing Facilitator

- Save this form to your computer and fill in Section 1 electronically. Do not sign the form.
- Email the updated form to the proposed new Facilitator.

#### Proposed Facilitator

- Upon receipt of the form from the existing Facilitator, save it to your computer and fill in Section 2.
- Print and sign the form in black ink.
- If you do not work as part of, or for an organisation email a scanned copy, along with any supporting information back to the existing Facilitator.

- If you work as part of, or for an organisation email a scanned copy, along with any supporting information, to the person in your organisation responsible for agreeing your participation as a Facilitator. They will need to print and sign the form in black ink (at the end of Section 3). Then send the scanned signed copy, along with any supporting information you gave them, to the existing Facilitator.

### Existing Facilitator

- Upon receipt of the form, check it has been filled in accurately and has been signed by the proposed Facilitator and if necessary, the relevant person in their organisation.
- If you are content, print and sign the form in black ink.
- Scan and submit the form, along with any supporting information, to [ruralpayments@defra.gov.uk](mailto:ruralpayments@defra.gov.uk). Send it from the email address you have registered on the Rural Payments service. Use the subject heading **CSFF change of Facilitator - SBI - group reference number**. You must submit this form before you leave your Facilitator role.

Remember to attach:

- your Group's Agreement Change Log, requesting the change of Facilitator
- confirmation emails showing that the proposed Facilitator has the backing of at least 4 eligible group members
- 2 references (with independent referees' names, email addresses and phone numbers) confirming the proposed facilitator's experience and outcomes achieved
- confirmation of the proposed Facilitator's VAT status, if they do not work for the same organisation as the existing Facilitator

### Get help with your request

Contact us if you need help by emailing [ruralpayments@defra.gov.uk](mailto:ruralpayments@defra.gov.uk) or calling us on 03000 200 301.

### Using and sharing your information

For information on how we handle personal data go to GOV.UK and search 'Rural Payments Agency personal information charter'.

## Section 1 – Existing Facilitator details

This section should be completed by the existing Facilitator.

### 1. Facilitator details

a. Single Business Identifier (SBI)

b. CSFF reference

c. Full name

d. Is this:                                    your own business                                    an organisation that you work for

e. Name of business/  
organisation

### 2. If you work for an organisation, have they formally agreed to you leaving the role of Facilitator? (Leave blank if you do not work for an organisation.)

Yes                    No

If you work for an organisation, you will need to have this request counter-signed at Section 3.

**3. Do you manage the Facilitation group in partnership with others?**

Yes                      No

**4. If yes, will anyone else's role change as a result of this request?**

Yes                      No

If yes, give details of the roles of the other partners, including who is the lead partner.

**5. What will be your last working day as a Facilitator?**

Date:

Submit any claims and supporting information within 10 working days of this date. We will remove your permissions when we approve the change.

**6. The new Facilitator will need a copy of the shared group agreement. Tick to confirm you have shared the group agreement with them.**

Yes                      No

**7. Tick to confirm you have attached email confirmation from 4 eligible group members who you receive funding for, that the proposed Facilitator has their backing.**

Yes                      No

## Section 2 – Proposed Facilitator details

This section should be completed by the proposed Facilitator.

### 8. Proposed Facilitator details

Full name

Single Business  
Identifier (SBI)

Confirm if you work for:     the original organisation     a different business  
                                      – Go to question 9

Fill in the details below if it is a different business:

Address and  
postcode

Telephone number

Email address

### 9. Are you currently, or have you been the Facilitator for any other CS Facilitation Fund groups?

Yes

No

If yes, tell us the group reference number(s) for all groups you have managed (include current and expired groups.)

### 10. Are you working with other Facilitators?

Yes

No

If yes, tell us their names, roles, and responsibilities. Tell us who the lead Facilitator is for each group.

**11. Do you have any other staff working with you?**

Yes            No

If yes, tell us their roles and responsibilities.

**12. If you are applying on behalf of an organisation, have they formally agreed to you applying for this funding?**

Yes            No            N/A

Your form must be certified by the person responsible for agreeing your role as a Facilitator for their organisation. This person will need to have 'Submit' permission levels for CS (Applications) and CS (Agreements) set up in the Rural Payments service.

**13. Tell us about your relevant experience of bringing people together to act cooperatively (maximum 1350 characters including bullet point headings).**

**14. Tell us what qualifications/experience you have in agriculture, forestry, water management and/or ecology** (maximum 1350 characters including bullet point headings).

**15. Tell us about the experience you have working on the priorities covered by Countryside Stewardship and how these are linked to your application** (maximum 1350 characters including bullet point headings).

**16. You must provide two independent referees to support your application. Each referee should be able to confirm your experience and any previous outcomes achieved. They may be subject to checks, so it is important to make sure their contact details are correct.**

**Referee 1:**

Name

Email address

Phone number

**Referee 2:**

Name

Email address

Phone number

**17. Are you able to reclaim VAT costs from HM Revenue and Customs?**

If you are successful with your application, you'll need to provide evidence (a letter from an independent Chartered accountant or HMRC) that you can include VAT. If we already have this information you do not need to resubmit it.

**No** – no costs

**Yes** – all costs

**Yes** – partial costs

If yes, what is your VAT registration number?

If you are only able to reclaim partial costs, tell us what VAT you can reclaim and on what items.

- it is up to you to determine what VAT you are able to reclaim, if any
- we will **not** fund reclaimable VAT
- if you cannot reclaim VAT from HM Revenue and Customs, all of your costs should include VAT.

Read the Applicant's guide relevant to your scheme year on GOV.UK for more information.

Do you work for an organisation that has already confirmed their VAT status with us?

Yes            No

If not, have you included confirmation of your VAT status with your request? (This must be from an impartial Chartered accountant that is not a direct employee.)

Yes            N/A

## Section 3 – Declaration and signatures

### Declaration

The declaration must be completed and submitted by someone holding ‘Full’ or ‘Make Legal Changes’ permission on the Rural Payments Service.

I declare that:

- the information given on this change of Facilitator form and in any other supporting documents is accurate.
- I have/my organisation has read the CSFF scheme manual for the Facilitation Fund and understand/s that the guidance including scheme requirements, terms and conditions set out therein, will form part of the agreement with the Rural Payments Agency (RPA).
- I understand that if I/we make any misleading statements (whether deliberate or accidental) at any stage during this process, or if I/we withhold any serious information, RPA could judge that this request is invalid, and I/we will be liable to repay any grant money that I/we have received.
- I have/my organisation has the power to accept a grant subject to conditions, and to repay the grant if RPA decides that I/we have not met the grant conditions.
- the original wording and structure of this Change of Facilitator form as it was originally provided has not been amended in any way.
- I/my organisation will take all reasonable precautions to make sure that grant money I/we have received will not be misused or misappropriated in any way. I understand that RPA will take legal action to recover any misappropriated funds.
- I/my organisation will comply with all relevant legislation, such as health and safety regulations, and have appropriate public liability and other insurances to undertake this role.
- I confirm/my organisation confirms that I/we will provide information about the group’s activities and the difference this is making on the ground to help Defra, RPA and Natural England monitor the success of Countryside Stewardship.
- I/my organisation will comply with applicable law about the processing of personal data and privacy, including the General Data Protection Regulation and the Data Protection Act 2018. Prior to sharing any personal data with Defra, RPA and/or Natural England in connection with this grant, I/my organisation will provide the individuals to whom the personal data relates with the privacy information as published at: [www.gov.uk/guidance/rpa-privacy-notice](http://www.gov.uk/guidance/rpa-privacy-notice).
- I/my organisation have not/is not receiving any other funding, other than that declared in the change of facilitator form, to support the project, and if this changes I/we will notify RPA immediately.
- if any information in the Change of Facilitator form changes, I/my organisation will notify RPA in writing immediately.

Tick this box to confirm that you (the proposed Facilitator) are authorised by the group/partnership to sign the declaration and send this request to us and that you understand our obligations under the Environmental Information Regulations 2004 and Freedom of Information Act 2000.

By agreeing to the contents in this application form and submitting it to the Rural Payments Agency, you are agreeing to the declaration.

When completing your declaration, you should be aware that in some cases, grant support may be refused or withdrawn in full. These are when the Rural Payments Agency determine that:

- a serious non-compliance by the existing Facilitator or proposed Facilitator has occurred
- the existing Facilitator or proposed Facilitator has provided false evidence
- the existing Facilitator or proposed Facilitator has failed to provide the necessary information due to negligence.



The withdrawal of grant support may be applied for both the calendar year you are notified of withdrawal and the following calendar year. Funding may also be refused for other grant schemes. The existing or proposed Facilitator will be notified and will be able to contest this decision if they do not agree.

**Warning:** if you know or recklessly make a false statement to obtain payments for yourself or anyone else, you risk prosecution, termination of any resulting agreement and the recovery of all grant payments. You may also be excluded from other schemes operated by RPA.

By submitting this form, you are confirming that you have read and agree with the above declarations and you consent to us processing the information that we collect from you in accordance with our Privacy Policy and personal information charter.

Complete the signature panels below. All signatures must be in ink.

**Existing Facilitator:** confirm you wish to stop the role of Facilitator of this group by signing below.

Title	First name	Surname
Date	Signature:	<input type="text"/>

**Proposed Facilitator:** confirm you wish to start the role of Facilitator of this group by signing below.

Title	First name	Surname
Date	Signature:	<input type="text"/>

If you work as part of an organisation, the person who is responsible for agreeing your participation as Facilitator must sign below.

**Confirm that you agree for the Proposed Facilitator named above to facilitate this group on behalf of your organisation and that they have the relevant permission levels set up in the Rural Payments service.**

Title	First name	Surname
Position in organisation		
Date	Signature:	<input type="text"/>