



Department
for Work &
Pensions



Department
of Health &
Social Care

Alex Fitzpatrick
Joint Work and Health Directorate
Department for Work and Pensions and
Department for Health and Social Care

[REDACTED] Integrated Care Board

Dear [REDACTED],

Date: [REDACTED]

Grant Funding Agreement - WorkWell

1. Thank you for submitting an application to become a WorkWell Vanguard. I am pleased to inform you that your application has been successful.
2. The Department for Work and Pensions (DWP) makes this offer to [REDACTED] Integrated Care Board to fund the design and delivery of WorkWell during the period from [REDACTED] April 2024 up to and including 31 March 2026.
3. The WorkWell Grant is subject to the Grant Conditions (as set out in Appendix A of this letter). Terms defined in the Grant Conditions have the same meaning elsewhere in the Grant Agreement unless the context requires otherwise.
4. The maximum funding settlement is as follows: [REDACTED] in accordance with Annex 3 (Payment Schedule) and section 5 of the Grant Conditions. Payments will be made quarterly in arrears.
5. Your WorkWell Grant is made up as follows:

Participant Dependent Funding:	£ [REDACTED]
Leadership and Management Funding:	£ [REDACTED]
Total;	£ [REDACTED]
6. The WorkWell Grant will be paid in accordance with the schedule at Annex 3 (Payment Schedule) of the Grant Conditions. Further information on the payment model can be found at paragraphs 5.19 – 5.33 of the Grant Conditions.
7. As stated in the Grant Conditions at paragraph 4.3 the Grant Recipient shall use the WorkWell Grant solely for the delivery of the Funded Activities and the associated set-up costs.

8. The WorkWell Grant will be paid into the Grant Recipient's bank account.
9. Through the Funding Period, DWP will undertake performance reviews. DWP may use the Grant Application (Annex 1 of the Grant Conditions) in undertaking the review. DWP may also use any other information that it is aware of in conducting the review.
10. The Escalation Contact and Grant Manager for the purposes of the WorkWell Initiative are:

Escalation Contact: [REDACTED]

Grant Manager: [REDACTED]

11. This Grant Funding Agreement comprises this letter and the following Appendices:

Appendix A:	Grant Conditions (including all Annexes);
Appendix B:	Grant Guidance

All Appendices form a part of this Grant Funding Agreement.

12. This letter should be signed in the space below by the [REDACTED] and returned (along with the pdf copies of Appendices A-B attached to this letter) to DWP, at dhsc.workwell@DWP.gov.uk stating that "[REDACTED] ICB" accepts the terms and conditions of the Grant Funding Agreement (including Appendices A-B inclusive) by [REDACTED] on [REDACTED]. If you will likely be unable to respond within these timescales, please contact DWP as soon as possible using the email address above. Once DWP has confirmed receipt of your signed Grant Funding Agreement, you can start to attribute expenditure to this Grant.
13. Should you for any reason not wish to accept this WorkWell Grant, you should notify DWP immediately.

Yours faithfully

[Signature]

Alex Fitzpatrick
Joint Work and Health Directorate
Department for Work and Pensions and
Department for Health and Social Care

[REDACTED] ICB accepts the terms and conditions of the Grant Funding Agreement (including Appendices A-B inclusive).

Name:

Signature:

Date:

Appendix A: Grant Conditions

Appendix B: Grant Guidance