# Primary care capital grants policy – appendices

### Appendix 1: Tender/quote return form

### Appendix 2: Primary care premises development – certification of compliance



## Appendix 1: Tender/quote return form

Please provide details of the quotes received for the project:

|  |  |  |  |
| --- | --- | --- | --- |
| Practice: | |  | |
| Address: | |  | |
| Practice Code | |  | |
|  | | | |
|  | Value including VAT: | | Company quoting: |
| Tender 1: |  | | Name:  Company number:  VAT Registration Number: |
| Tender 2: |  | | Name:  Company number:  VAT Registration Number: |
| Tender 3: |  | | Name:  Company number:  VAT Registration Number: |
| Tender accepted:  (if not the lowest quote please detail reasoning why below) | | |  |

(cont)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details  **Capital/IG amount requested (including VAT):**   |  |  | | --- | --- | | Build Costs from successful tender | £ | | Less ineligible BAU items | £ | | Sub total | £ | | Planning Fees/site survey/Building Control | £0 | | Professional Fees (building regs) | £0 | | **Total of project** | **£** |   **\*\*% Grant = £xxxx**   |  |  | | --- | --- | | Contingency amount (included in build costs)10% | £ | | Retention amount | £0 | | |
| Please attach a schedule of the works reflecting the quote accepted above. Ensure that any areas that differ from the accepted bid are highlighted. | |
|  | |
| Does any partner or member of practice staff have any relationship with any of the companies/individuals providing quotes listed above?   No/Yes (please delete as appropriate, if yes please provide details of the relationship separately) | |
|  | |
| I declare that the information I have given on this form and any attachment(s) provided are correct and complete. I understand that false or incorrect information could lead to money being withheld or recovered by NHS England. | |
| Name |  |
| Date |  |
| Signature |  |

## Appendix 2: Primary care premises development – certification of compliance

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bid No** | **Name of Practice** | | | | **ICS Team** | |  | |
|  |  | | | | ICS | |  | |
| **Due Diligence Lead Details** | Name: | | Contact no: | | Email: | | | |
| **Description of Bid :** | | | | | | | **Value of Scheme:** | |
|  | | | | | | |  | |
|  | | | | | | | |
| **Statement of Compliance** | | | | | | | | |
| We hereby confirm that the design of the new build development scheme complies with the following :-   * Building Regulations * Health Technical Memorandums – HTMs (where relevant) * Health Building Notes – HBNs (where relevant) * Health Building Note 11-01: Facilities for primary and community care services * CDM Regulations * Party Wall Agreements * A Signed JCT Building Contract will be entered into. | | | | | | | | |
| **Signed by Developer/GP practice** | |  | | **Signed by Professional Advisor** | |  | | |
| **Name** | |  | | **Name** | |  | | |
| **Role** | |  | | **Role/Profession** | |  | | |
| **Date** | |  | | **Qualifications** | |  | | |
|  | | | | **Company** | |  | | |
| **Date** | |  | | |
|  | | | | | | | |
| **Statement of Derogations where full compliance cannot be achieved** | | | | | | | | |
| **Derogation** | | | | **Reason** | | | | |
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***Continue as necessary***

Completed form must be submitted during the due diligence process and sent to your due diligence lead person, as mentioned above.