# 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.