**NHS England Tobacco LTP Implementation Support Grant**

**Document 3: Form of Application (including Certificate of Bona Fide Application)**

September 2018

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| **Please download, complete, print, sign, scan and upload this Document 3 Form of Application to NHS England’s e-tendering portal, Atamis**  [The Applicant to enter the detail required where text is highlighted in green]  **To be returned by 12:00 hours (UK time) on Tuesday 13th September.**  **APPLICATION FOR THE: NHS England Tobacco LTP Implementation Support Grant**    **Grant Ref: TBC**  **TO: The National Health Service Commissioning Board (NHS England)** | |
| **DATE: [xx of September] 2022** | |
| **PROVISION OF: Grant funding for Tobacco LTP Implementation Support Grant** | |
| **REFERENCE NUMBER: C101249** | |
| We [INSERT NAME[S]] the undersigned, having examined the Prospectus and its associated documents do hereby apply for grant funding in relation to the Sexual Violence Grants Programmeas described in those documents and in accordance with the attached documentation (listed below) to NHS England commencing [DATE] and continuing for the period specified in the Grant Agreement   * Document 1: Prospectus * Document 2: Grant Application Questionnaires * Document 3: this form of Application * Document 4: Draft Grant Agreement terms and conditions   We agree:  (1) that the information contained in our responses to the Grant Application Questionnaires for the Tobacco LTP Implementation Support Grant  remains correct and accurate and that we will inform NHS England forthwith if this position changes prior to an award of a grant agreement being made;  (2) by submitting a grant application, to be bound by the terms of the grant agreement without further negotiation or amendment;  (3) that this grant application and any grant agreement arising from it shall be subject to and bound by the provisions of the Prospectus;  (4) with NHS England in legally binding terms to comply with the provisions of confidentiality set out in the Prospectus  *Execution of the Grant Agreement*  If this application is accepted, we will execute such documents in the form of the Grant Agreement within [NUMBER] days of being called on to do so.  We further undertake and it shall be a condition of any grant agreement, that:   * We have not canvassed and will not, before the evaluation process, canvass or solicit any member or officer, employee or agent of NHS England or other contracting authority in connection with the award of the grant agreement and that no person employed by us has done or will do any such act.   I warrant that I have all requisite authority to sign this grant application and confirm that I have complied with all the requirements of the Prospectus. | |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and status | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For and on behalf of | [NAME OF COMPANY, PARTNERS OR CONSORTIUM] |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The Form of Application (including the Certificate of Bona Fide Application below) must be signed by an authorised signatory: in the case of a partnership, by a partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated.**

## Certificate of Bona Fide Application

I/We certify that this application is made in good faith and that we have not fixed or adjusted the amount of the application in accordance with any agreement or arrangement with any other person. We also certify that we have not, and we undertake that we will not:

(i) communicate to any person other than the person inviting these grant applications the amount or the approximate amount of the offer except where the disclosure, in confidence, of the amount or approximate amount of the grant application was necessary to obtain professional advice and/or quotations required for the preparation of the grant application, for insurance purposes or for a guarantee bond;

(ii) enter into any arrangement or agreement with any other person that s/he or any other person shall refrain from making an offer or as to the amount of any offer to be submitted;

(iii) pay give or offer or agree to pay or give any sum of money or other valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any grant application or proposed grant application for any act or thing of the sort described in (i) or (ii) above.

The provisions of (i) (ii) and (iii) above shall not prevent you entering into arrangements or discussing the grant application, to the extent necessary, with another party that forms part of a consortium bid or is a proposed joint bidder to you.

We certify that the principles described in paragraphs (i), (ii) and (iii) above have been and will be brought to the attention of all joint bidders, Applicants and associated companies involved with this grant application and any arrangement entered into with such joint bidders, Applicants or associated companies will be made on the basis of compliance with the above principles by all parties.

We acknowledge that if we have acted or shall act in contravention of this certificate, NHS England will be entitled to cancel any grant agreement between us and to recover from ourselves the amount of any loss and expense resulting from such a cancellation.

In this certificate, the word ‘person’ includes any person and anybody or association, corporate or unincorporated; ‘any agreement or arrangement’ includes any transaction, formal or informal and whether legally binding or not.

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| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and status | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For and on behalf of | [NAME OF COMPANY, PARTNERS OR CONSORTIUM] |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |