

### Growth Deal - Progress and Claim Form

Please complete all sections and email the completed form with all evidence to:  
 Meike Koops, Programmes Officer, Economic Growth Service, Cornwall Council  
 meike.koops@cornwall.gov.uk

<b>Name of Applicant:</b>					
<b>Project Reference:</b>			<b>Project Name:</b>		
<b>Claim Period</b>	<b>From:</b>		<b>To:</b>		
<b>Claim Number:</b>		<b>Select if Interim or Final Claim:</b>			
<b>Bank name</b>					
<b>Sort Code</b>		<b>Account Number</b>		<b>Account Name</b>	

Spend and Claim Summary				
Eligible Expenditure	Total Approved Costs <small>As in Funding Agreement</small>	Total project spend to date <small>As agreed by CC - not inc. this claim</small>	Expenditure Claimed from <small>As per cap/rev claim breakdown</small>	Remaining Spend to be Claimed in Future <small>Not to exceed total funding approved</small>
Capital	£ -	£ -	£ -	£ -
Revenue	£ -	£ -	£ -	£ -
<b>Total GD Project Costs</b>	<b>-</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>
Match Funding (ERDF)	£ -	£ -	£ -	£ -
Intervention Rate	#DIV/0!			#DIV/0!

To Be Completed By Applicant:	
<b>Certificate of Authorised Signatory</b>	
<i>I certify that, to the best of my knowledge and belief, the information contained in this claim, progress report and supporting document/s is true and accurate. In signing this form I also confirm that all the property and equipment purchased with GD investment is still being used for the approved purpose and that it has not been transferred to another person / organisation or disposed of.</i>	
<i>I have complied with the procurement procedures set out in the Offer Letter</i>	<input style="width: 100px; height: 20px;" type="text"/>
<i>I have complied with the publicity requirements as shown in the Offer Letter</i>	<input style="width: 100px; height: 20px;" type="text"/>
<b>Name:</b>	<input style="width: 150px; height: 25px;" type="text"/>
<b>Date:</b>	<input style="width: 100px; height: 25px;" type="text"/>
<b>Position in Organisation:</b>	<input style="width: 150px; height: 25px;" type="text"/>
<b>Signed / Electronic signature inserted:</b>	<input style="width: 150px; height: 40px;" type="text"/>
<b>Contact Details:</b>	<input style="width: 150px; height: 25px;" type="text"/>

To Be Completed By Case Officer:	
<b>Please comment on project progress with regard to timing, delivery, outputs or other specific issues relating to payment of this claim, and any action required</b>	
<b>Signed</b>	<input style="width: 150px; height: 20px;" type="text"/>
<b>Date Reviewed</b>	<input style="width: 100px; height: 20px;" type="text"/>
<b>Case Officer Reviewing Report - Name in block capitals</b>	<input style="width: 150px; height: 20px;" type="text"/>



<b>Milestones</b>	Ref: <b>0</b>	Claim No.	#REF!
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Please report on the achievement of the milestones agreed for the project as set out in the Funding Agreement. If there has been a delay insert a revised date by which you expect to achieve by and explain the reasons for this.

Agreed milestones	Target Date to be Achieved	Revised Date	Actual Date Achieved	Comments

<b>Publicity</b>
Please inform us of any publicity opportunities connected with the project or undertaken since your last claim.

<b>Project Outputs and Outcomes</b>	<b>Ref:</b> 0	<b>Claim No.</b>	<b>#REF!</b>
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Please report on the achievement of the key performance indicators predicted as a result of the project as set out in the Grant Agreement. If there has been a delay or a change in any indicator please explain the reasons for this. Where the target timescale has not yet passed, enter the position to date.

Category	Metric	Target	Target Date	Actual Achieved to date	Comments

**If claiming outputs/outcomes, please fill in the relevant Verification Form for each achievement claimed.**

**Progress Report on this Project** **claim**

**Please note: We cannot process your claim until this report has been completed.**  
 Please provide a narrative summarising project activity, progress and issues since your last claim.

**RISK: Please identify any major risks to project delivery and deliverables identified in this reporting period, and how you plan to mitigate against them.**

Description	Select Impact	Select Likelihood	Rating	Mitigation Plan
			0	
			0	
			0	
			0	
			0	
			0	

### Employment Verification Form

**Ref/Project Name**

Employer Name & Address

  
  

Employee's job title

Date employee started work

Hours per week

On the first day of employment was the job expected to last at least 1 year?  
(This in no way commits you to the employee)

Job location (if different from business address above)

  
  

### Employee Details

Gender

Ethnic Grouping

Age

Disability (physical, learning, mental health condition)

### Certification

*I can confirm that this job was created as a direct result of the above project and that this employee is not replacing another employee in the same or similar role.*

Signed / Electronic signature inserted:

Date:

Name in block capitals:

Tel No:

Position in Organisation:

**Business Assistance Verification Form**

Ref/Project Name

Assisted Business Name & Address


Type of Assistance Received

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Please give detail of Assistance received including  
1) who provided the assistance  
2) the amount received (if applicable)

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**Certification**

*I can confirm that Business Assistance as outlined above was received as a direct result of the above project.*

Signed / Electronic signature inserted:

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Date:

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Name in block capitals:

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Contact Details (telephone/email)

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Position in Organisation:

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