



Award Acceptance Form

URN:	2025004839
Organisation:	Fenland District Council
Project Title:	Playing Pitch and Indoor Facilities Strategies

Project Start Date:	June 2025
Project End Date:	April 2026

By signing this acceptance form you are confirming that:

- Your Organisation agrees to and accepts all of the terms and conditions specified in the Award Offer Letter, the Award Agreement and the Standard Terms and Conditions of Award.
- Your Organisation has taken all necessary steps to authorise this document in accordance with its constitution and the signatories below have been properly authorised to sign this document on behalf of the Organisation.
- All the details in your Organisation's application form and supporting information are true and correct to the best of your knowledge.

		Signature	Date
Signature of authorised officer: Print full name: Position: Organisation:			16 April 2025
	Phil Hughes		
	Head of Leisure Services		
	Fenland District Council		
Countersignature of authorised officer: Print full name: Position:			22 April 2025
	Mark Saunders		
	Chief Accountant		

Bank Details Form (BACS)

URN:	2025004839		
Organisation:	Fenland District Council		
Project title:	Playing Pitch and Indoor Facilities Strategies		
Account signatory name:	Peter Catchpole or Mark Saunders		
Official position:	Corporate Director and Section 151 Officer / Chief Accountant		
Email address (for remittance advice):	cashiers@fenland.gov.uk		
Bank/building society name:	Barclays		
Branch address:	1 Churchill Place, London E14 5HP		
Account name:	Fenland District Council		
Account number:	<div style="border: 1px solid black; width: 100%; height: 1.2em; background-color: black;"></div>		
Bank collection ref: (if applicable)	<div style="border: 1px solid black; width: 100%; height: 1.2em; background-color: black;"></div>		
Sort code:	<div style="display: flex; align-items: center; justify-content: space-around;"> <div style="border: 1px solid black; width: 1.2em; height: 1.2em; background-color: black;"></div> <div style="border: 1px solid black; width: 1.2em; height: 1.2em; background-color: black;"></div> <div style="border: 1px solid black; width: 1.2em; height: 1.2em; background-color: black;"></div> </div>		

Please return this completed form to the below address, along with one of the following:

- A copy of your most recent bank statement:
Please note; Internet banking printouts must include the postal address of account holder and be signed as a true and accurate record by your organisations Account Signatory.

Or

- If you have previously received a grant from Sport England and your account details have not changed, please complete your bank details above and provide the Unique Reference Number (URN) of the last award you received:
- 2023014831

If you cannot provide either of the above, please contact your Case Officer and an alternative form will be provided to you, which will require authorisation from your bank.

Please send completed forms to: myaward@sportengland.org quoting URN 2025004839

Account Signatory:	Mark Saunders	Date	22/04/2025
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For Internal Use Only		
Do the Bank Account details match those provided on statements:	Yes / No	
Does the form/ statement appear to be untampered with:	Yes / No	
Is the Account Name, the same as the Applicant Name:	Yes / No	
Checks completed by: <i>(insert initials)</i> :		
Date form forwarded to Finance:	/ /	
Finance – BACS reconciled against URN. Account matches report:	Yes / No	

PROJECT CONTACTS FORM

(This form MUST be submitted with the Award Acceptance Form)

URN: 2025004839

Name of Organisation: Fenland District Council

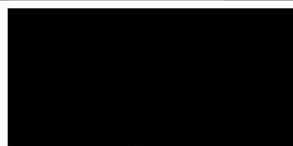
Project Title: Playing Pitch and Indoor Facilities Strategies

Organisation Address: Fenland Hall, County Road, March CAMBS, PE15 8NT

Please enter the details below of those people in your organisation who will be responsible for the different aspects of the project. **At least two separate contacts must be listed.** Please indicate using the tick boxes:

- Who is the main contact for your project?
- Who is responsible for Measurement and Evaluation (M&E) reporting?
- Who you wish to receive remittance advice?

Signature:



Print full name: Phil Hughes

Position within organisation: Head of Leisure

Email address: phughes@fenland.gov.uk

Telephone number: 07702 128939

Address:
(if different to main address)

Signature:

Print full name: Simon Bell

Position within organisation: Leisure Contract Manager

Email address: sbell@fenland.gov.uk

Telephone number: 07874 891099

Address:
(if different to main address)

Signature:

Print full name:

Position within organisation:

Email address:

Telephone number:

Address:
(if different to main address)

Main project contact	X
M&E Contact	X
Remittance Contact	X

Main project contact	X
M&E Contact	
Remittance Contact	

Main project contact	
M&E Contact	
Remittance Contact	

Project Budget Forecast Form

(To be filled in at the beginning of the project or for re-profiling purposes)

URN:	2025004839
Name of organisation:	Fenland District Council
Project title:	Playing Pitch and Indoor Facilities Strategies
Total project cost:	£50,000
Total partnership funding:	£25,000
Total Sport England award:	£25,000
Anticipated project start date:	June 2025

Breakdown of Project Costs

Please give details of your forecasted project costs. These should include both cash and any in-kind costs as well as all partnership funding, to the nearest whole £.

	Year 1	Year 2	Year 3	Total
Date from:	June 2025	March 2026		
Date to:	March 2026	May 2026		
Staff costs (including on-costs)	£40,000	£10,000		
Equipment hire/purchase				
Hire of facilities				
Promotion/publicity				
Coaches fees/expenses				
Transport/travel costs				
Other (_____)				
Other (_____)				
Other (_____)				
Total costs (£):	£40,000	£10,000		

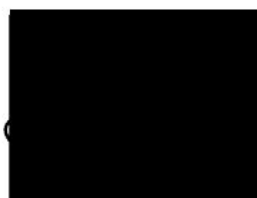
Funding Breakdown:

Please list here the breakdown of all funding for the project, including your own and all in-kind contributions.

Funding Source	Year 1	Year 2	Year 3	Total
Sport England	£20,000	£5,000		
Own Cash	£20,000	£5,000		
Partner:				
Partner:				
Partner:				
Total Partnership Funding:				

Offical of Organisation:

Signature:



Print
name:

Phil Hughes

Job title:

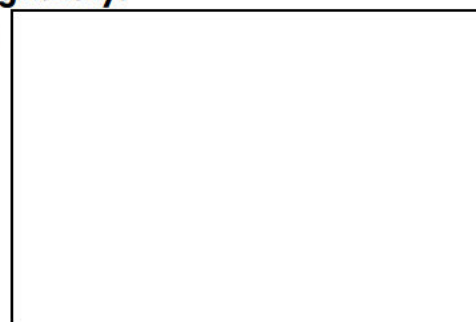
Head of Leisure

Date:

16 April 2025

Counter Signatory:

Signature:



Print
name:

Mark Saunders

Job title:

Chief Accountant

Date:

Initial Project Cost and Claim Form

(To be filled in at the beginning of the project & returned with the Award Acceptance Form)

URN:	202500483	
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Name of applicant:	Fenland District Council	
Project title:	Playing Pitch and Indoor Facilities Strategies	
Funding period for this claim:	From:	To:

INITIAL SIX MONTH PROJECT COST PROJECTION:

Please list the breakdown of your budget as stated in your Project Budget Forecast Form for the first year of your project. Then list what your anticipated spend is for the first six months. Figures should be rounded up to the nearest whole £

Total expenditure for the period:	Year Budget	Projected first six months spend
Staff costs (including on-costs)		
Equipment hire/purchase		
Hire of facilities		
Promotion/publicity		
Coaches fees/expenses		
Transport/travel costs		
Other (_____)		
Other (_____)		
Total Costs:		

The first six monthly payment for your award can be made now by completing the details below:

A. Amount of grant now claimed:	<input type="text"/>
B. Total amount of grant previously claimed	<input type="text"/>
C. Cumulative value of grant claimed to date (A+B)	<input type="text"/>
D. Grant award	<input type="text"/>
E. Overall balance of grant remaining to claim (D-C)	<input type="text"/>

For all claims, this form must be signed by two authorised senior officials of the applicant organisation.

DECLARATION

We hereby certify that the figures detailed on this form represent the actual expenditure for the period under review.

We further certify that the activities to date have been properly and fully carried out to an acceptable standard and completed satisfactorily in accordance with the Conditions of Award.

Offical of Applicant Organisation

Counter Signatory

Signature:	<input type="text"/>
Print name:	<input type="text"/>
Job title:	<input type="text"/>
Date:	<input type="text"/>

Signature:	<input type="text"/>
Print name:	<input type="text"/>
Job title:	<input type="text"/>
Date:	<input type="text"/>

Project Costs Reconciliation and Claim Form

(To be filled in every six months and at the end of the project – please photocopy)

URN:	2025004839	
Name of applicant organisation:	Fenland District Council	
Project title:	Playing Pitch and Indoor Facilities Strategies	
Funding period for this claim:	From:	To:

PROJECT COST RECONCILIATION:

Please list the breakdown of your original budget as stated in the Project Budget Forecast Form for the whole project and then list what your actual spend is so far. Figures should be rounded up to the nearest whole £

Total expenditure for the period:	Year Budget	Actual Spend*	Variance (over or under spend)
Staff costs (including on-costs)			
Equipment hire/purchase			
Hire of facilities			
Promotion/publicity			
Coaches fees/expenses			
Transport/travel costs			
Other (_____)			
Other (_____)			
Total Costs:			

*A schedule of invoices or authorised cost centre readouts, clearly showing eligible income and expenditure relating to the project, must accompany these figures.

A. Amount of grant now claimed:

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B. Total amount of grant previously claimed	
C. Cumulative value of grant claimed to date (A+B)	
D. Grant award	
E. Overall balance of grant remaining to claim (D-C)	

DECLARATION

For all claims, this form must be signed by two authorised senior officials of the applicant organisation.

Note that both the signatures must be originals and that photocopies or forms sent via fax or email are not valid

We hereby certify that the figures detailed on this form represent the actual expenditure for the period under review.

We further certify that the activities to date have been properly and fully carried out to an acceptable standard and completed satisfactorily in accordance with the Conditions of Award.

Official of Applicant Organisation

Counter Signatory

Signature:

Print name:

Job title:

Date:

Signature:

Print name:

Job title:

Date: