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**Provider:**

**Name of care service:**

**Address of care service**:

I confirm I have spent the Infection Control grant funding provided via West Sussex County Council as follows. As per the funding agreement if 100% of the

grant is not used the balance will be returned to the Council. I understand

that use of this funding may be audited by the Council and I have kept

all appropriate records of spending.

Table Use of funding

| **Use of Funding** | **Percentage of funding spent against each heading (%)** |
| --- | --- |
| Paying staff normal wages when isolating |  |
| Measures to restrict staff movements |  |
| Measures to isolate residents within care homes |  |
| Transport related costs |  |
| Accommodation related costs |  |
| Other: please specify, e.g. additional equipment etc. |  |
| **TOTAL** (must be 100%) |  |

**Completed By:** (Name)

**Job Title:**

**Date completed:** (insert date)