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**Admin and Estates Special Projects Form**

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| **For trust completion**  |
| **Trust name:**  |   |
| **Date submitted:**  |   |

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| **Project description**  |
| *Please give a high level summary of  (~250 words)*                          |

NHS England, Temporary Staffing Team will retain all expenditure provided in this interim admin and estates special project form for audit purposes.

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| **For NHS England completion**  |
| **Reference number:**  |   |
| **Date received:**  |   |

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| **Reference information**  |
| **Title of the project:**  |    |
| **Name of requestor:**  |   | **Job role of requestor:**  |   |
| **Email address of requestor:**  |   | **Date submitted:**  |   |
| **Tel number of requestor:**  |   | **Total contract value (£) (including expenses and irrecoverable VAT):**  |   |
| **Project duration (days):**  |   |
| **Start date:**  |   | **End date:**  |   |

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| **Resourcing route** (please tick **ü**)  |
| **Framework** [Mandatory requirement]  |   | **Open tender**  |   | **Other**  |   |
| **Procurement method and value on price:** *Provide details of the resourcing method, including how you reached the decision that this is the best way to meet your business requirements, evidence of sourcing the best value and evidence of negotiation over rates.*       |

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|  **Breakdown of expenditure (expand as necessary)**   |
| **Product, service, role(s) and grade(s) (or equivalent)**  | **Unit cost or daily rate (£)**  | **Discount agreed (%)**  | **Units required**  | **Financial year expenditure due (£)**  | **Total expenditure (£)**  |
| **2019/20**  | **2020/21**  |
|   |   |   |   |   |   |   |
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|   | **Contingency**  |   |   |   |
| **Expenses**  |   |   |   |
| **VAT (irrecoverable only)**  |   |   |   |
| **Total cost**  |   |   |   |

Note: It is the responsibility of the requestor to ensure that approval information is retained for audit purposes.

Please submit completed form to england.agencyrules@nhs.net