

**Vale of Glamorgan Council**  
**Supporting People - Annual Return**

*Please ensure that every part of this Annual Return is fully completed. If any points do not apply, please enter N/A (Not applicable).*

This Return relates to the period ending (please enter the year):

**PART A: APPROVED SUPPORT PROVIDER DETAILS**

NAME	ADDRESS

**PART B: PROJECT DETAILS**

<b>Project Name:</b>	<b>Total No of Units:</b>
<b>Address:</b>	

**PART C: HOUSING RELATED SUPPORT DETAILS**

Average void units	
1. (a) No of void weeks	
(b) Maximum potential occupancy: i.e. total units x 52.2 (or from first letting date)	
(c) Average voids as percentage (line (a) divided by (b) x 100)	
2. (a) Number of staff in the project (whole time equivalent) at return date	
(b) Staff to tenant ration (no of tenants divided by whole time equivalent)	
3. Date of internal assessment of Project (please include a copy of the written outcome)	
4. Date of any external assessment of Project (apart from Supporting People Team assessment) (please include a copy of the written outcome)	
5. Copy of Service User Participation Report Included (include details of impact of findings on service delivery and feedback procedure adopted for Service Users)	

## PART D: FINANCE

Total Supporting People Funding received for year	
Any other Funding (please specify):	
Sub Total	
Total Expenditure for Project	
Difference	
<b>This return must be supported by the attached certification signed by the Contract Signatory or a person authorised by the Contract Signatory</b>	

## PART E: JUSTIFICATIONS

These are required in Grant Procedures to meet certain criteria for the continued payment of Supporting People funding from the Vale of Glamorgan Council. If any of the responses given on the first page of this Annual Return do not meet expectations, the Support Provider is expected to submit a justification for the shortfall. The Support Provider is asked to annex to this return the justification in the form of a statement signed by the person signing this return.

**Justification is required where:**

**(a) Average annual voids exceed 15% of the total project units. (part c);**

**(b) Any individual voids exceeding 13 continuous weeks. (part c);**

**(c) Staff/tenant ratio differs from the following. (part c);**

Low level ongoing support: 1:11 - 1:20

FS, Direct Access, Shared House 1:5 - 1:10

Where the project is claiming the Service Variation Option (SVO) for intensity: 1:4<

**(d) Project annual assessment has not been conducted since the last return (part c)**

**PART F: CERTIFICATION**

I certify compliance with the Contract held with the Vale of Glamorgan Council to provide Housing Related Support to the projects named on this Annual Return save as disclosed in the attached annex and/or covering letter.

I confirm that the aims and objectives of the project are unchanged since approved;

All of the service users currently in receipt of the Housing Related Support in the project still require the services;

The Project fully meets the service specifications assigned to it in the Contract held with the Vale of Glamorgan Council.

Signature	Print Name	Date

**Note:** Support Providers giving incorrect certifications that are materially misleading may be required by the Vale of Glamorgan Council to repay funding in whole or in part plus appropriate interest.

Incorrect certifications made willfully or recklessly may constitute a criminal offence and could result in the Support Provider, as well as the individuals concerned, being liable to prosecution.

**PLEASE SEND THIS COMPLETED ANNUAL RETURN, ANNEX AND ANY OTHER JUSTIFICATIONS BY 31<sup>ST</sup> OCTOBER AND/OR COVERING LETTER TO:**

Supporting People, Vale of Glamorgan Council, Civic Offices, Holton Road, Barry, CF63 4RU.

**PART G: CERTIFICATION – ANNEX**

I Confirm that the audited annual project accounts were accepted by the Support Providers Board/Committee of Management on ..... and the amounts shown in Part D on the Annual Return Form are accurate extracts of those accounts.

I further confirm that the Board/Committee of Management of the Support Provider is satisfied with the financial performance of the project.

(Authorised signatory on behalf of Board/Committee of Management)

Signature	Print Name	Date