



Office of the Police and Crime Commissioner for Bedfordshire

**Victim's Commissioning Fund Grant**

**ACCEPTANCE OF GRANT FORM**

|                      |  |
|----------------------|--|
| Name of Organisation |  |
| Project Name         |  |
| URN                  |  |
| Approved Funds       |  |

accepts the Victims Commissioning Fund Grant 2019-20 contained in this Grant Agreement and agrees to comply with the terms and conditions of the Grant on which the offer is made including the submission of monitoring and evaluation information.

On behalf of the organisation:

Project Manager/Project Contact

|           |  |
|-----------|--|
| Signature |  |
| Name      |  |
| Date      |  |
| Position  |  |

Treasurer, Finance Officer or equivalent (if different to above)

|           |  |
|-----------|--|
| Signature |  |
| Name      |  |
| Date      |  |
| Position  |  |

Bank details for grant payment

|                |  |
|----------------|--|
| Bank name      |  |
| Branch name    |  |
| Sort Code      |  |
| Account Name   |  |
| Account number |  |

|           |  |
|-----------|--|
| Address   |  |
| Post code |  |

Signed on behalf of the Office of the Police and Crime Commissioner for Bedfordshire

|           |  |
|-----------|--|
| Signature |  |
| Name      |  |
| Date      |  |
| Position  |  |

For office use

|                         |  |
|-------------------------|--|
| Acceptance of Grant     |  |
| Monitoring & Evaluation |  |
| End of Year             |  |
| Payment 1               |  |
| Payment 2               |  |