

**FORM A: COVID-19 ADDITIONAL RELIEF FUND RELIEF
CASH CAP AND EXEMPTION THRESHOLD DECLARATION**

RATEPAYER NAME: _____

GROUP NAME (IF APPLICABLE): _____

PROPERTY ADDRESS: _____

BUSINESS RATES ACCOUNT NUMBER: _____

The value of the 2021/22 COVID-19 Additional Relief Fund relief to be provided by Solihull MBC in respect of the above account/property is £_____ (as shown on your bill).

This award complies with the cash cap on claiming the 2021/22 COVID-19 Additional Relief Fund relief and the exemption threshold on the basis that, including this award, I/we (together with any other companies in the same Group) have not claimed over the period 2019/20 to 2021/22 more than £2,243,000 from schemes which fell within the Small Amounts of Financial Assistance or COVID-19 related allowances. Further details of subsidy control can be found at:

<https://www.gov.uk/government/publications/covid-19-additional-relief-fundcarf-local-authority-guidance>.

Please list below all other properties for which you have received amounts under (continue on a separate page if necessary):

<i>Property ref. no.</i>	<i>Local authority providing subsidy</i>	<i>Type of subsidy</i>	<i>Value</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CONFIRM that I am the ratepayer named above (or authorised to sign on their behalf) and that (together with any other companies in the same group) I/we shall not receive over the period 2019/20 to 2021/22 more than £2,243,000 from schemes which fell within the Small Amounts of Financial Assistance or COVID-19 related allowances.

I understand that knowingly making a false declaration may constitute fraud as defined within the Fraud Act 2006.

Name: _____

Capacity in which signing: _____

Business address: _____

Telephone: _____ Email address: _____

Signature: _____ Date: _____

Please send your completed form to us at carf@solihull.gov.uk or to the address at the top of this letter.