**Covid-19 Contingency Fund: Request Form**

# Financial support for Turing Scheme projects affected by Coronavirus (Covid-19) in the 2021-22 academic year and further guidance on managing the additional costs incurred as a result of Covid-19

This extra support will provide for disadvantaged participants who incur additional costs as a result of Covid-19.

This extra support we may be able to provide for placements during the 2021-22 academic year includes:

* hotel quarantine costs for disadvantaged participants on placements lasting 90 days or more when travelling to a host country for their placement
* hotel quarantine costs for disadvantaged participants on return to the UK when their host country has been red listed during their placement and they were not able to return ahead of the red listing taking effect
* costs incurred by disadvantaged participants due to Covid-19 testing requirements, both when travelling to their host country and on return to the UK, where necessary
* allowing the retention of some remaining cost of living grant amounts for disadvantaged participants who have to return home early due to Covid-19 and have incurred necessary and unrecoverable costs

# Application Form Submission Criteria

The application form must be supported by:

* a full and thorough account of the circumstances detailing why extra funding is necessary
* a detailed cost estimate of each individual funding requirement
* supporting documentation evidencing any incurred costs (e.g., receipts from hotel quarantine periods or evidence of Covid-19 testing costs)
* any other appropriate supporting documentation

Compliance with the above criteria must be confirmed by completing the checklist at the end of the application form.

# Web Resources

# Link: - [COVID-19 financial support](https://www.turing-scheme.org.uk/project-community/manage-your-project/#parentHorizontalTab4)

**Sending Organisation Information**

|  |  |
| --- | --- |
| Project Code: |  |
| Sending Organisation: |  |
| Coordinator Name: |  |
| Coordinator Email Address: |  |

**Activity Details**

**Please note:** If you are looking to request additional funding for more than one activity that you have taken part in during the 2021/2022 academic year, please complete a separate request form for each Activity ID.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Number: |  | Activity ID: |  |
| Number of mobilities: |  |
| Mobility Start Date: |  | MobilityEnd Date: |  |
| Host Country: |  |

The next section of the application form contains a series of text boxes that should be completed with sufficient evidence to support the additional funding being requested. All text boxes are mandatory so please enter "NA" and "0" for amount requested if appropriate.

The Delivery Partner reserves the right to reject any request that does not contain a sufficient description and justification of the costs being requested.

**Background Information**

**Section 1.** Reason(s) why extra funding is necessary

**Section 2.** If appropriate, please use the box below to disclose any further information you may have that you feel would support your application.

**Grant Amount Requested**

*Please provide details of the additional support required and supporting evidence.*

# Section 3a. Quarantine costs at host country

**Amount Requested £**

Description of Requested Cost

# Section 3b. Quarantine costs at home country

**Amount Requested £**

Description of Requested Cost

# Section 4. Covid-19 Testing

Please provide details of any additional costs incurred by Covid-19 testing requirements.

**Amount Requested £**

Description of Requested Cost

# Section 5. Retention of some remaining cost of living grant

Please provide details of any remaining cost of living grant amounts for disadvantaged participants that you cannot pay back, despite the participants having returned home early due to Covid-19, as the participant have incurred necessary and unrecoverable costs.

**Amount Requested £**

Description of Requested Cost

|  |  |
| --- | --- |
| **Total Grant Applied for £:** |  |

**Checklist**

*Please complete the below checklist to confirm that you have undertaken each of the requested actions.*

|  |  |
| --- | --- |
| **Please check that you have enclosed the following documents with this application:** | **Confirmation:**(tick boxes as applicable) |
| Evidence that Quarantine is applicable at host / home |  |
| Evidence that Testing is applicable at host / home |  |
| Evidence to support the above costs have been incurred by way of receipts  |  |
| Signed by coordinator (end of the form) |  |

The Delivery Partner reserves the right to reject any application that does not provide the appropriate evidence. If the application is received without sufficient evidence, the beneficiary will be contacted and will be required to provide documentation within 5 working days.

**Signatures**

Please complete the signing section of this form with either an original signature or a digital / electronic signature.

I certify that the information given on this form is, to the best of my knowledge, true and accurate:

|  |
| --- |
|  |
| **Coordinator Signature (on behalf of the sending organisation):** | **Date:** |
|  |  |

Please be aware; the information submitted as part of this application will **only** be used to support your application and will not be used for any other purposes or be disclosed to any other parties.

**Important Information:** Please forward copies of receipts, and other supporting documentation. These documents will be necessary for evidencing costs incurred. The Delivery Partner will not be able to reimburse your sending institution for any costs incurred that are not evidenced by the above documents.

This form and all supporting documents should be returned via email to:

Turing-Scheme@Capita.com