**Mental Health Housing & Floating Support**

**Consortium or Prime Contractor with Significant Subcontractor(s)**

This section is to be completed where the Applicant proposes a consortium arrangement or a Prime Contractor arrangement involving the use of Significant Subcontractor(s).

We the undersigned confirm that we are the actual/proposed members of the consortium/Significant Subcontractor arrangement referred to in this bid.

We further confirm that we agree to the organisation named below acting as Lead Applicant.

| **Lead Applicant** | | | | |
| --- | --- | --- | --- | --- |
| **Name:** | **Signed:** |  | **Date:** |  |
| **Name:** | **Signed:** |  | **Date:** |  |
| **For and on behalf of:** | | | | |
| **Proposed/actual consortium members or Significant Subcontractor** | | | | |
| **Name:** | **Signed:** |  | **Date:** |  |
| **Name:** | **Signed:** |  | **Date:** |  |
| **For and on behalf of:** | | | | |
| **Proposed/actual consortium members or Significant Subcontractor** | | | | |
| **Name:** | **Signed:** |  | **Date:** |  |
| **Name:** | **Signed:** |  | **Date:** |  |
| **For and on behalf of:** | |  | | |
| **Proposed/actual consortium members or Significant Subcontractor** | | | | |
| **Name:** | **Signed:** |  | **Date:** |  |
| **Name:** | **Signed:** |  | **Date:** |  |
| **For and on behalf of:** | |  | | |

This acknowledgement should be signed:

a. where the relevant organisation is an individual, by that individual;

b. where the relevant organisation is a partnership, by two duly authorised partners; and

c. in the case of a company, by two directors or a director and the secretary of the company.