

LLEP BUSINESS GATEWAY GROWTH HUB SMALL BUSINESS RECOVERY GRANT GRANT APPLICATION FORM

PLEASE RETURN

To: C19BusinessRecovery@leicester.gov.uk

Prior to completing this application form, you should read the Small Business Recovery Grant Policy and Grant Guidance for Completing Application Form.

Please note, there is limited budget so applications will be assessed on 1st come 1st assessed basis subject to completion of full application form and supporting documentation.

Project Reference (office use only)	
Date Application Form Received (office use only)	

Data Processing Notice

Any personal data that you provide will be processed in accordance with current data protection laws. It will be used by Leicester City Council (LCC) and our partners (delivery partners (East Midlands Chamber, Leicestershire County Council, Leicester and Leicestershire Enterprise Partnership) and third parties to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Privacy Notice on our website: www.leicester.gov.uk

Section 1 – BUSINESS DETAILS:			
Registered Business Name:			
Trading Business Name (if applicable):			
Project Contact Name:			
Position:			
Telephone Number:			
Email Address:			
Registered Business Address:	Address of the Project (if applicable):		
Address line 1:		Address line 1:	
Address line 2:		Address line 2:	

Address line 3:		Address line 3:	
Town:		Town:	
County:		County:	
Postcode:		Postcode:	
Business Registration Details (complete only those that apply) If you are a Ltd, LLP, PLC or CIO, please provide the information registered with Companies House. You can search for your company registration details at: https://www.gov.uk/get-information-about-a-company			
Brief Description of Business Activities:			
Nature of Business (UK Standard Industrial Classification (UK SIC) Code 2007):			
Legal Status:			
Company Registration Number:			
Unique Tax Reference (sole traders & partnerships only):			
Date of Business Registration:			
Date Business Started Trading: (if different from registration):			
Number of Employees at Date of Application:			
Local Authority (District, Borough or City Council): Find your local authority at: www.gov.uk/find-local-council			
Current Turnover £			
If offered funded support with the Growth Hub, do you agree to provide feedback on the benefits to your business?.		Yes <input type="radio"/> No <input type="radio"/>	

Section 2 – ELIGIBILITY:	
To identify if your business falls within the category of a Small to Medium Sized Enterprise (SME), please tick the relevant boxes:	
Is your business more than 25% owned by another company, a parent company, or a group of Companies that in itself is not an SME	Yes <input type="radio"/> No <input type="radio"/>
Does your annual turnover, or that of your parent company, exceed €50m (equivalent to £44m GBP at July 2019)?	Yes <input type="radio"/> No <input type="radio"/>
Does your annual balance sheet, or that of your parent company, exceed €43m (equivalent to £38m GBP at July 2019)?	Yes <input type="radio"/> No <input type="radio"/>
Is the business foreign-owned?	Yes <input type="radio"/> No <input type="radio"/>

Does the business currently export any goods or services overseas?	Yes <input type="radio"/> No <input type="radio"/>
If yes, please confirm the markets to which the business currently exports:	
What are the primary business requirements that you wish to address? Other:	

Section 3 – PROJECT OVERVIEW:	
Project Title:	
Planned start date of project:	
Planned completion date of project:	
Please provide a brief background of your business, along with a summary of your proposed project (max. 100 words)	
Please provide details of the objective/s to be achieved by your business as a result of accessing the grant funding (max. 100 words)	
Please provide what impact Covid-19 has had on your business and how this project will help you to overcome this impact (max. 100 words)	

Section 4 – PROJECT EXPECTED BENEFITS	
Please detail below how the proposed project will help the business to grow and develop and the expected benefits and outcomes that it will lead to.	
Please briefly outline which areas of the business will be enhanced as a result of the implementation of this grant (max. 100 words)	
Will you create any new to the market or enterprise products as a result of this funding?	Yes <input type="radio"/> No <input type="radio"/>
If yes, please give details of these products?	

Please confirm the date of when you anticipate these products will be created	
Please estimate any efficiency gains in terms of savings that you forecast the business will achieve as a result of the proposed investment	
How many existing jobs do you hope to secure / safeguard after the project has been completed? Full time (over 36 hours) Part time (less than 36 hours)	
How many new jobs do you hope to create after the project has been completed? Full time (over 36 hours) Part time (less than 36 hours)	
What increase in workforce skills will result in the completion of this project?	
Please provide details in the table below of the proposed new jobs to be created – please note that all new jobs must be created within 6 months of the grant award (if successful)	
Please detail any other benefits which you expect your company to achieve as a result of this project	

Job Title	Location of Role	Anticipated date of employment	Duration of role (years)

Section 5 – PROJECT FUNDING:

PLEASE NOTE: this grant is funded by European Regional Development Fund (ERDF), the full procurement guidance is accessible as follows:

<https://www.gov.uk/government/publications/european-structural-and-investment-funds-programme-guidance>.

For ALL items of expenditure:

Please provide details below of the items that you wish to purchase should your application for grant funding be approved.

- Minimum of **three quotations** must be obtained for each item to be purchased with details of which must be provided below. Please ensure that all quotations obtained are submitted electronically to support your application – this includes the quotation/s that you have obtained from your preferred supplier, as well as the alternative suppliers that you have considered. Please note that your preferred supplier should be the one that you intend to use. Should an award of grant funding be made, no changes may be made to the preferred supplier unless otherwise agreed in writing.

Total Project Cost						
No	Item/services	Name of preferred supplier	Quote Number	Date of Quote	Total cost (incl. VAT)	Total cost (exc. VAT)
1					£	£
2					£	£
3					£	£
4					£	£
5.					£	£
TOTAL COST OF PROJECT (exc. VAT) IS USED						£
Small Business Recovery Grant Requested						£
Contribution from Business (if applicable)						£

To be completed for items to be purchased

1 - Item to be purchased

Quote Reference	Supplier Name	Supplier Address	Cost (exc. VAT)	Preferred Supplier?	Reason
Q1 – 1					
Q2 – 1					
Q3 – 1					

2 - Item to be purchased

Quote Reference	Supplier Name	Supplier Address	Cost (exc. VAT)	Preferred Supplier?	Reason
Q1 – 1					
Q2 – 1					
Q3 – 1					

3 - Item to be purchased

Quote Reference	Supplier Name	Supplier Address	Cost (exc. VAT)	Preferred Supplier?	Reason
Q1 – 1					
Q2 – 1					
Q3 – 1					

4 - Item to be purchased

Quote Reference	Supplier Name	Supplier Address	Cost (exc. VAT)	Preferred Supplier?	Reason
Q1 – 1					
Q2 – 1					
Q3 – 1					

5 - Item to be purchased

Quote Reference	Supplier Name	Supplier Address	Cost (exc. VAT)	Preferred Supplier?	Reason
Q1 – 1					
Q2 – 1					
Q3 – 1					

Section 6 – De Minimis State Aid Declaration & Grant Application Declaration:

To avoid public funding distorting competition within the European Common Market, the European Commission regulates the levels of assistance which the public sector can provide to businesses (“the State Aid rules”). You should note carefully the requirements needed to comply with the European State Aid rules and, if need be, refer to the relevant legislation

<https://www.gov.uk/government/publications/european-structural-and-investment-funds-state-aid-documents>

You are being aided under the European Commission’s **de minimis regulation (1407/2013)** which allows an enterprise to receive up to €200,000 of De Minimis aid in any three fiscal year period. To confirm that you are eligible to receive this assistance, you must declare the full amount, **in euros**, of any other De Minimis aid you have been awarded in the current and previous two fiscal years. This may include financial support, free or subsidised consultancy services/workshops etc. If you are in any doubt about whether previous assistance received is classed as De Minimis assistance please include details.

Note: Any De Minimis aid awarded to you under this project will have to be declared if you apply, or have applied for, any other support delivered under the De Minimis exemption.

I declare below the amount of De Minimis aid awarded (**in euros**) in the current and previous two fiscal years is:

Current Fiscal Year	Fiscal Year	Fiscal Year
Date From:	Date From:	Date From:
Date To:	Date To:	Date To:
Amount in €:	Amount in €:	Amount in €:

Organisation Providing the Assistance / Aid	Value of Assistance	Date of Assistance	Type of Assistance

Alternatively, if NO De Minimis aid has been received in the period by the enterprise, please Put a X here ☐

Note - A fiscal year is a 12-month period over which a company budgets its spending. A fiscal year does not always begin in January and end in December; it may run over any period of 12 months. The fiscal year is referred to by the date in which it ends. For example, if a company's fiscal year ends 31 March 2016, then everything between 1 April 2015 and 31 March 2016 would be referred to as FY 2016.

Section 7 – Payment of Grant:

Grant payments can only be made through a BACS transfer to a registered business bank account and on receipt of all relevant documentation approved by Leicester City Council.

Please provide details of your business account, checks will then be made to see if your business is on Leicester City Council's finance system.

Sort Code No.	Bank Account No.	Account Name	Bank / Building Society

Section 8 – Terms and Conditions of Grant Funding

Please ensure that you read and understand these Terms and Conditions of Grant Funding before signing and submitting this application. Further information, in regard to these, can be found in the terms and conditions, and also in the guidance notes (these were included as an attachment to your invitation to application email). By signing, you are confirming that you understand the full terms and conditions of this grant.

9.1 No prior commitment to suppliers should be undertaken prior to the grant award being confirmed by the panel. Any costs that have been committed to prior to the approval date will not be eligible for grant support.

9.2 Full details of the amount of the award will be outlined in your grant offer letter. Please note that whilst the grant amount can decrease due to lower costs, it cannot be increased once confirmed, despite what the final cost amounts may be.

9.3 Your preferred supplier/s as outlined in Section 5 above must be the one/s that you will use as the grant will be awarded on the basis of these suppliers. Any requests to change suppliers once the grant has been awarded will need to follow the process as outlined in the guidance notes.

9.4 This grant is paid in arrears on receipt of a valid claim and evidence to demonstrate that you have paid your supplier/s in full. No payments will be made in advance and this grant should not be viewed

as 'cash flow'. The evidence of payment must be in form of a 'certified true original copy' of your business bank statement which shows payment to the supplier after the date of the grant award. Please note that cash payments made to suppliers are not eligible for grant funding.

9.5 If successfully awarded the grant, you will be required to sign a Funding Agreement between your company and Leicester City Council. You will also be required to provide copies of your company bank statements and supplier invoices to show the payments in order to make a claim.

9.6 In order to help allow a decision on the application for funding. I understand that all information relating to this grant application provided by me to Leicester City Council will be treated as commercially confidential and handled in accordance with the data protection principles laid down in the General Data Protection Regulation and Data Protection Act 2018. With this understanding:

- I authorise Leicester City Council to disclose any relevant and necessary information relating to me or this application to relevant third parties (including credit reference agencies, and partner organisations).
- I authorise Leicester City Council to obtain any information concerning my business and financial affairs from any other person providing financial facilities to me.

9.7 I have completed each section of the application and included supplier quotes for each entry. The quotes include the following:

- Date of quote;
- Name of supplier (either website or Company logo);
- Details of goods / services to be purchased and the cost, excluding VAT.

Your application will be queried if the above listed items of evidence are not included and may delay your application being reviewed by our panel.

9.8 Please cross to confirm that you have read and understood the terms and conditions. Please put a X here ☐

Section 8 of 8 – Declaration

10.1: I declare that I have read and understood the Business Gateway Growth Hub Programme applicant guidance notes and the information provided is a true and accurate record and fairly reflects my business activity and prospects.

10.2: I confirm that by completing this application form I acknowledge and agree that the data provided can be held on a computer and used for any purpose and disclosures that are registered under the Data Protection Act 1998.

10.3: I understand that any financial assistance granted by Leicester City Council, will be repayable on demand or future payments not made if any information provided is found to be incorrect or misleading.

10.4: I understand that the decision of the appraisal panel is final, and that there is no right of appeal.

10.5: The quotations used have been obtained from reputable suppliers.

10.6: At the end of the project, I agree to be monitored and evaluated on the outcomes achieved through accessing grant aided funds.

10.7: All documentation in relation to this grant application, including procurement information, invoices, letters etc. will be kept on file until at least 31st December 2033, and will be made available to auditors should that be requested.

10.8: Applicants should ensure that there is no conflict of interest when selecting potential suppliers of goods and services that are part of the project.

Conflict of interest refers to situations in which personal interests (which may include financial interests) may compromise, or have the appearance of, or potential for, compromising the selection of a supplier. Examples of conflicts of interest include (this is not an exhaustive list):

- Having a financial interest (e.g. holding share or options) in a potential tenderer or any entity involved in any tendering consortium;
- Being employed by (as a staff member or volunteer), or providing services to any potential tenderer;
- Being a member of a potential tenderer's Management / Executive Board;
- Receiving any kind of monetary payment, or non-monetary gift or incentive (including hospitality) for any tenderer or its representatives;
- Having a close member of your family (which terms includes unmarried partners) or personal friends who falls into any of the categories outlined above;
- Having any other close relationship (current or historical) with any potential tenderer;

Applicants should therefore ensure that they do not have any potential conflict of interest in accordance with the above.

10.9: I give permission for the information contained in this form to be shared amongst the Business Gateway Growth Hub Programme partner organisations and, if requested, the Programme funding body, the Department for Communities and Local Government and the LLEP Local Enterprise Partnership.

Please Note: A senior member of the organisation must sign below.

Name: (block capitals)

Signature:

Date:

**Position in
Organisation:**

Completing this application form does not guarantee the approval of your grant. An offer letter will be sent to you, by Leicester City Council, if the application is approved.