

## LLEP BUSINESS GATEWAY GROWTH HUB SMALL BUSINESS RECOVERY GRANT

### GUIDANCE NOTES FOR COMPLETING THE APPLICATION FORM

SECTION 1: BUSINESS DETAILS	
Registered Business Name	The name of the business that is applying for grant support.
Trading Business Name	If this is different to your business name above
Project Contact Name	The name of the person who will be the main point of contact for this application
Position	Position of the contact person i.e. Managing Director.
Telephone No.	Telephone Number of the Contact Person for any questions
Email Address	Email Address of the Contact Person for any questions
Registered Business Address and contact details	Address of registered business refers to the address at which the trading activity which is seeking grant funding is based, as well as the location from which any new jobs created will be based.
Address of the Project	Address of the project if different from the Registered Business Address
Brief Description of Business Activities	Please describe the activities of your business including principal, secondary, and subsequent activities.
Nature of Business (UK Standard Industrial Classification (UK SIC) Code	<a href="https://www.gov.uk/government/publications/standard-industrial-classification-of-economic-activities-sic">https://www.gov.uk/government/publications/standard-industrial-classification-of-economic-activities-sic</a> Please state your sic code number from Companies House or identify your business category following the above link to provide 5 digit SIC code number, please note you can state more than one SIC code in your application form.
Legal Status	To allow us to process your application and to assess such issues as procurement and State Aid, it is essential that you inform us of your legal status. Please complete this section by selecting from the drop-down menu provided.

Company Registration No.	If you are representing a Limited Company, please enter the eight digit Companies House registration number. If you do not have a Companies House registration number, please enter either your HMRC SA250 number, or your Unique Taxpayer Reference (UTR) number. Alternatively, if you are registered for VAT, please enter your VAT number.
Unique Tax Reference No.	If you do not have a Companies House registration number, please enter either your HMRC SA250 number, or your UTR number.
Date of Business Registration	This is the date that the business was first registered with the appropriate authorities, Companies House, HMRC etc.
Date Business Started Trading	This is the date that the business first started trading commercially.
Number of Employees at date of application	Please confirm the number of Full Time Equivalent employees currently within your business. (One full time position is a role contracted to work 36 or more hours per week).
Local Authority	Please confirm the local authority area to which you pay your Business Rates. Drop down box
Current Turnover	Please confirm the value of the turnover for the current financial year.

## SECTION 2: ELIGIBILITY DETAILS

Eligibility Questions	Please complete and tick either “Yes” or “No” for each question as appropriate.
Does the business currently export any goods or services overseas?	Only applicable if the business currently exports to any overseas markets. If so, please provide a list of the markets to which the business currently exports.
What are the primary business requirements that you wish to address?	<p>Please select the primary business requirements that you wish to address from the drop down menu available. The options available are:</p> <ul style="list-style-type: none"> <li>• Accessing customers in other markets;</li> <li>• Accessing finance;</li> <li>• Building leadership capability</li> <li>• Finding skilled employees</li> <li>• Managing the Media</li> <li>• Other (if other, please provide details in the box below).</li> </ul>

## SECTION 3: PROJECT OVERVIEW

Project Title	Please provide a title for the proposed project for which you are seeking grant support.
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Planned start date of the project	<p>Please confirm the date by when you propose to start your project.</p> <p>If you have already started your project then it is ineligible for grant support. You must have submitted your completed application form and have received a Grant offer letter before work on the project can commence.</p>
Planned completion date of your project	<p>Please confirm the date by which you expect your project to be completed. This includes the supplier(s) having been paid in full for any services or goods purchased.</p> <p>Please note that we expect successful projects to be completed by no later than 31<sup>st</sup> November 2020.</p>
Please provide a brief background to your business, along with a brief outline of your proposed project	<p>Please outline how the project will add value to your business activities, fits with your strategic plans and will enable growth within the economy. Additionally, please state why this project is the best option to deliver growth within your business.</p>
Please provide details of the objectives to be achieved by your business as a result of accessing the grant funding	<p>Please describe your project, outline how the project will add value to your business activities, and enable growth within the company.</p> <p>Please comment specifically on the following:</p> <ul style="list-style-type: none"> <li>• What is the current issue in your business that you aim to resolve or improve as a result of your project?</li> <li>• How will the project improve your business?</li> </ul>
Please provide what impact Covid-19 has had on your business and how this project will help you to overcome this?	<p>Please describe the impact Covid-19 has impacted on your business and why the proposed purchases will help you to address the impacts faced by your business.</p>

#### SECTION 4: EXPECTED BENEFITS TO BE ACHIEVED BY THIS PROJECT

Complete sections that you think are appropriate to your business, if for example you do not envisage creating jobs or safeguarding jobs put n/a into this section.

5.1 Please briefly outline which areas of the business will be enhanced as a result of the implementation of this grant.	<p>Please comment on the tangible outcomes that you aim to achieve as a result of the project. This could include, but is not exclusive to:</p> <ul style="list-style-type: none"> <li>• Jobs created (to align with 5.3 below);</li> <li>• Increase in sales / turnover;</li> <li>• New product development;</li> <li>• New markets accessed;</li> <li>• Efficiencies implemented within the business.</li> </ul>
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Will you create any new to the market or enterprise products as a result of this grant funding?	<p>Will you develop any new products that are new to the market as a result of the funding?</p> <p>Will you develop any new products that are new to your business as a result of the funding?</p>
If Yes, please give details	
Please confirm the date by when you expect that these products will be created	
Efficiency gains	Please provide details of any efficiency gains in terms of savings that you anticipate the business will achieve as a result of the requested grant funding.
How many existing jobs do you hope to safeguard after the project has been completed?	Please provide details of the number of existing jobs which you anticipate will be safeguarded (if any) as a result of receiving the grant funding.
How many new jobs do you hope to create after the project has been completed?	<p>Please provide details of the number of new jobs that you anticipate as a result of receiving the grant funding.</p> <p>Full Time Equivalent (FTE) – one FTE is a position contracted to work 36 hours or more per week;</p> <p>Part Time – please indicate the proposed number of hours that the new part time positions will work (jobs created will be recorded on a pro rata FTE basis, e.g. those working 18 hours will count as 0.5 FTE, 9 hours per week = 0.25 FTE and so on).</p>
What increase in workforce skills will result in the completion of this project?	Please provide details to confirm how the grant funding will contribute towards increasing the skills of your existing workforce?
Please provide details of the proposed new jobs to be created.	<p>For each new role, please provide:</p> <ul style="list-style-type: none"> <li>• Job Title;</li> <li>• Location – where the job will be based;</li> <li>• Proposed start date;</li> <li>• Proposed number of hours per week</li> </ul>
Please detail any other benefits which you expect your company to achieve as a result of this project.	Are there any other benefits to your business from the funding that are not already detailed in the earlier sections?

## SECTION 5: PROJECT FUNDING

Project Finance Table	Please complete the table providing details of all items looking to be purchased and the reason for each supplier
Please provide details of the items that you wish to purchase, should your application be approved.	<p>Please note that we can consider a maximum of five different items to be funded.</p> <p>Please provide three quotations for each item, indicating your preferred supplier in each case.</p> <p>Please note that expenditure incurred with any one supplier must not exceed £24,999 in value.</p>
Total project cost	Please confirm the total cost of your proposed project.
Value of grant funding requested	<p>Please confirm the value of grant funding that you are requesting via your application.</p> <p>Please note that the maximum value of grant funding available is £3,000. Should the total value of your project be less than £3,000, grant funding will be offered at 100% intervention rate. Should the value of your project exceed £3,000, the grant intervention rate will be calculated based on a maximum grant value of £3,000.</p>
Value of Applicant contribution	<p>This is the amount that you will need to fund alongside the grant.</p> <p>Should the value of your project exceed £3,000, the applicant contribution should be calculated as the difference in value between the total project costs minus the £3,000 grant. Should the value of your project be less than £3,000, there is no contribution required by the applicant.</p> <p><u>(Please note that grant funding is paid retrospectively, and you will need to fund all purchase prior to making your grant claim).</u></p>
Source of funding for applicant contribution	If the project spend exceeds £3,000 and an applicant contribution is required, please select the source of contribution from the drop down menu provided.

## SECTION 6: STATE AID DECLARATION

Under the European Commission's De Minimis Regulation (1407/2013), there is a ceiling of €200,000 for all De Minimis Aid provided to a single undertaking over a period of three fiscal years (including the fiscal year in which the grant of De Minimis Aid is to be given). The ceiling for De Minimis Aid for undertakings involved in road transport is €100,000 over three years.

Please complete the table to indicate how much De Minimis Aid your business has received in the current, and previous two fiscal years (April to March). If No de Minimis Aid has been received, please tick the box to confirm.

#### SECTION 7: PAYMENT OF GRANT

Please provide details of your business bank account. This will help to quicken the checks to ascertain if your company is already on Leicester City Council's Bank Account.

If approved, please ensure all payments are processed through this account.

#### SECTION 9: TERMS AND CONDITIONS

Please read the statements and tick the box to confirm your understanding of the terms and conditions of the grant funding.

#### SECTION 10: DECLARATION

Please confirm your agreement by signing the application document. This needs to be signed by a senior member of the organisation.

### Submission

Once completed, the application form should be signed and returned to the LLEP Business Gateway Growth Hub Grant Team, including all quotations obtained from suppliers to support the goods / services to be purchased as part of your project. All documentation to be sent to:

[C19BusinessRecovery@leicester.gov.uk](mailto:C19BusinessRecovery@leicester.gov.uk)

### Next Steps

We will confirm receipt of your grant application and advise of any incomplete or missing documentation.

When we have all the information required, your application will be reviewed and considered for approval. Once completed, we will confirm whether the grant funding has been awarded. Please ensure that you do not commit to starting your proposed project, or incur any expenditure in advance of receiving confirmation that a grant award has been made. Please note that the Grant Panel's decision is final and there is no right of appeal.

**THERE IS LIMITED BUDGET AVAILABLE SO APPLICATIONS  
WILL BE ASSESSED ON 1<sup>ST</sup> COME, 1<sup>ST</sup> ASSESSED BASED ON  
RECEIPT OF FULLY COMPLETED APPLICATION FORM AND  
SUPPORTING DOCUMENTATION**