**SME BUSINESS GRANT SCHEME**

##### **Supplementary Eligibility Questionnaire**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Please complete for the above named company** |  |
|  **Balance Sheet Total** |  **Annual Turnover Amount** |  **Last 3 years State Aid Total** |
|  |
|  |  |  |  |  |  |
| **Partner** Companies**Company No.** | **Staff FTE** | **% of share or % of voting rights (whichever is higher)** | **Balance Sheet Total** | **Annual Turnover Amount** | **Last 3 years State Aid Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Linked** Companies**Company No.** | **Staff FTE** | **% of share or % of voting rights (whichever is higher)** | **Balance Sheet Total** | **Annual Turnover Amount** | **Last 3 years State Aid Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner Company’s Linked** Companies**Company No.** | **Staff FTE** | **% of share or % of voting rights (whichever is higher)** | **Balance Sheet Total** | **Annual Turnover Amount** | **Last 3 years State Aid Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY CONTACT SIGNATURE** |  |  | **DATE:**  |
| **PRINT NAME:** | Date |
| **Continue on a separate sheet if necessary****If a separate sheet is required, pleaase ensure the sheet is signed and dated, as above** |

**DEFINITIONS**



