**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** |
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| **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** |
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| **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** |
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| --- | --- | --- | --- |
| **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**



