**SME BUSINESS GRANT SCHEME**

##### **Grant Application Form**

***Please refer to our guidance notes for assistance with completing this form***

###

|  |  |  |
| --- | --- | --- |
| **1** |  | **GENERAL INFORMATION** |
| **Organisation name** |  |
| **Organisation address** |  |
| **What is the organisation’s legal status?** | **Sole Trader Partnership****Limited Liability Partnership****Limited Company****Other (please specify)** | **Yes/No****Yes/No****Yes/No****Yes/No** |
| **Please Provide the Following Where Applicable** | **Charity Reference Number****VAT Registration Number****Registered Company Number** |  |
| **Are Any Members of Your Organisation’s Personnel either related to any member of the Programme Management Team or to a Local Action Group member?** | **Yes/No*****If ‘Yes’ Please Provide Details:*** |
| **Lead Contact Name** |  |
| **Position Within Organisation** |  |
| **Contact Address (if different from Organisation Address)** |  |
| **Contact Telephone Number** |  |
| **Contact E-mail** |  |
| **Project Title** |  |
| **Total Estimated Cost (£)** |  |

|  |  |  |
| --- | --- | --- |
| **2** |  | **PROJECT METHODOLOGY & MANAGEMENT** |

**2.1 Project Overview**

Please provide a brief description of the project in the space below, including the main aims and objectives, and outputs/results targets (max 3,000 characters)

*Note: This description may be used in the project funding agreement and could also be placed on the Folkestone Community Works website for publicity purposes.*

|  |
| --- |
|  |

**2.2 Project Plan**

Please attach with this application a detailed Project Plan. The plan should be no more than 2 pages long.

.

|  |
| --- |
|  |

Please provide details of the key economic targets associated with the project:

|  |  |
| --- | --- |
| **New Jobs to be Created** |  |
| **New products to be developed** |  |
| **New processes to be introduced or further developed** |  |

**2.3 Project Costs**

**Please provide a breakdown of ALL costs for the project.** You can add additional lines to provide further detail under each cost heading. All costs should be inclusive of VAT (if applicable).

|  |  |
| --- | --- |
| **Costs** | **Cost (inclusive of VAT – if applicable)** |
| **Equipment** |  |
| **Research & Development** |  |
| **Marketing & Web development** |  |
| **Business development** (such as staff costs, consultancy support, etc) |  |
| **Other** *– please specify below* |  |

**2.4 Project Quotes**

**Please provide a minimum of two (2) like-for-like quotes for each specific expense, where provided by an external supplier:** Ensure these quotes are also included in your Grant Application when ready for sending.

|  |  |  |
| --- | --- | --- |
| **Item** | **Supplier** | **Cost (inclusive of VAT – if applicable)** |
|  |  |  |
|  |  |
|  |  |  |
|  |  |
|  |  |  |
|  |  |
|  |  |  |
|  |  |

**2.5 Company Finances**

Please enclose with this application the last set of company audited accounts (e.g. 1 March 2016 to 30 April 2017). *If these are not available, please indicate the reason, below*

Have you enclosed your last set of company audited accounts Tax?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

If ‘**No**’ please explain why below:

|  |
| --- |
|  |

Please complete the following table for your company.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2015** | **2016** | **2017** |
| 1. Commercial revenues
 |  |  |  |
| 2. Grants or similar |  |  |  |
| *Please indicate the source of grants* |  |  |  |
| 3. Total turnover (1+2) |  |  |  |
| Gross profit |  |  |  |
| Operating profit **before** Directors remuneration, interest and tax \*\* |  |  |  |
| Operating profit **after** Directors remuneration and dividends to Directors |  |  |  |
| Shareholder’s funds at year end |  |  |  |
| ***\*\*Please note that if your business operates through a group structure please aggregate the results and include a note of all the trading companies included in the figures\*\**** |

**2.6 Company Status**

Is your company registered or about to be registered for the purposes of Value Added Tax?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

|  |  |
| --- | --- |
| If ‘**Yes**’ please give us your VAT registration number.  |  |

***Note: all recoverable VAT is ineligible expenditure and your grant will be calculated on net expenditure (exclusive of VAT). If at any time the organisation registers/deregisters for VAT please inform the Programme Manager Immediately. Please seek advice from a VAT advisor if required.***

**2.7 Previous Public Funding**

Has this business previously received any public funding or publically-funded support?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

If ‘**Yes**’ please advise the **purpose**, **project reference number (if any),**  **amou**nt(s) and **date**(s) awarded.

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | **Project reference No.** | **Amount** | **Date funding/support received** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2.8 Project Match Funding**

Please indicate the **amount** and **source** of the match funding for this project and the **date of** **availability** of these funds

|  |
| --- |
|  |

Please detail any **conditions** attached to **match** **funding** for the project. *Where possible please provide copies of offer letters.*

|  |
| --- |
|  |

What will you do if the match funding for the project is not approved?

|  |
| --- |
|  |

What other funding sources have you approached and what was the outcome?

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **3** |  | **APPLICATION** |

**3.1 Risk Assessment**

*Please note there are ALWAYS risks to consider, for example; supplier delays, failure to recruit, lack of demand etc..*

Please set out the main risks associated with the Project, the seriousness of the risk, probability of occurrence, contingency plans to deal with each risk and the level of mitigated risk as a result of the contingency planning.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk** | **Seriousness of risk** (High, Medium, Low) | **Probability of occurrence** (High, Medium, Low) | **Contingency plans**(i.e.how do you propose to manage the risks) | **Mitigated risk** (High, Medium, Low) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please indicate how the projects meet all necessary guidance and legislation. For example, health and safety regulations, etc

|  |
| --- |
|  |

Do you need any statutory consent to deliver this project? For example planning permission/listed building consent etc.?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

 If ‘**Yes**’ have you obtained all the necessary consents, attach a copy of the permission and any conditions.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **4** |  | **DECLARATION BY APPLICANT** |

* I declare that to the best of my knowledge and belief, the information given on this application form and in any supporting material is correct and that I am authorised to make this application on behalf of the Organisation
* I understand that acceptance of this application by The Programme does not in any way signify that that the project is eligible for assistance from the ERDF Programme or will receive grant aid.
* I understand and accept that the information contained in this document may also be shared with the project partners.
* If information changes in any way I will inform the Programme Management Team promptly.
* If the application is successful we agree to work with the Programme Management Team before any press release is made and ensure that the PMT is involved in any responses by us to approaches made by the press regarding the project in order to ensure that any publicity recognises the contribution the Folkestone Community Works
* programme has made.
* We understand that the Programme Management Team may withdraw all or part of the grant at its discretion as set out in the Protocols.

|  |  |
| --- | --- |
| **Signed** |  |
| **Name (please print)** |  |
| **Position** |  |
| **Date** |  |

***Data Protection Act: The information you give us will be held by the Folkestone Community Works Programme Team and will be used to assess your application. The main recipient of the information is the Folkestone Community Works Programme but it may also be shared with other Government agencies, which are entitled to this information under applicable legislation.***

|  |
| --- |
| ***Checklist of attachments with this application*** |
| ***Quotes*** |  | ***Equal Opportunity Policy (if available)*** |  |
| ***Audited Accounts (if available)*** |  | ***Details of any other grants received***  |  |
| ***Planning Permission & Attached Conditions*** |  | ***Other documents (please specify)*** |  |

### Please email completed application form and send attachments to : **folkestonecommunityworks@shepway.gov.uk**

### or post to:

###

### **Programme Manager, Folkestone Community Works, Shepway District Council, Castle Hill Avenue, Folkestone, Kent, CT20 2QY,**