### **MAIN PROJECTS: Eligibility Questionnaire**

**If your organisation is interested in seeking European funds through the CLLD programme, please complete this form and return it via email to** [folkestonecommunityworks@folkestone-hythe.gov.uk](mailto:folkestonecommunityworks@folkestone-hythe.gov.uk)

***Please note*** that completion of this form does not constitute a contractual agreement between Folkestone & Hythe District Council, the Accountable Body for the Folkestone CLLD Programme, and your organisation. Additional stages of the application process will need to be completed if the funding for this programme is confirmed.

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| **ORGANISATION INFORMATION** | | | | | | | | | | | |
| **Name of Organisation:** | |  | | | | | | | | | |
| **Address:** | |  | | | | | | | | | |
| **Website address:** | |  | | | | | | | | | |
| **Company registration number:** | |  | | | | | | | | | |
| **If VAT registered please note VAT Registration No.** | |  | | | | | | | | | |
| **Organisation type (plc, ltd, charity, etc.):** | |  | | | | | | | | | |
| **Nature of Business (Standard Industrial Classification (SIC) code:** | |  | | | | | | | | | |
| **Approximate start date of organisation** | |  | | | | | | | | | |
| **What does your organisation do? (max 250 words)** | |  | | | | | | | | | |
| **Does your company have a Sustainable Development Policy and an Equality and Diversity Policy?** | **Sustainable Development**  **Equality & Diversity** | | | | | **Yes**  **Yes** | | | **No**  **No** | | |
| **Approximate number of years organisation has published accounts** | | No. of years of published accounts  I have attached/enclosed previous two years of accounts | | | | | | | | | |
| **What percentage of the funding your organisation received in the last financial year has come from public sources?** | | |  | | | | | | | | |
| **Number of people currently employed?** | | |  | | | | | | | | |
| 1. **Has your organisation received any funding or services that constitutes State Aid, in the last 3 fiscal years?**   Yes No  If yes please :  £  **Confirm total value**  **Provide details below**: | | | | | | | | | | | |
| 1. **How many people does the company currently employ?** | | | |  | 1. **Is the company balance sheet more than €43 mill (approx. £39 mill)?** | | |  | | 1. **Is the company annual turnover more than €50 mill (approx. £44 mill)?** | |
| **Yes**  **No**  **No**  **Yes** | | | | | | | | | | | |
| **5. Please complete for the company named** | | | | | | | | | | |  |
| **Balance Sheet Total** | | | | **Annual Turnover Amount** | | | **Last 3 fiscal years State Aid Total** | | | | |
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| **Partner** Companies  **Company No.** | **Staff FTE** | **% of share or % of voting rights (whichever is higher)** | **Balance Sheet Total** | **Annual Turnover Amount** | **Last 3 fiscal 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 fiscal 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 fiscal years State Aid Total** |
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| **PROJECT INFORMATION** | | |
| **6. Main contact– name and job title** |  | |
| **7. Main contact - email:** |  | |
| **8. Main contact telephone/mobile :** |  | |
| **9. Please give a brief project description (max 250 words)** |  | |
| **10. Please outline the areas within Folkestone where projects beneficiaries will come from.** |  | |
| **11. Will any other partners be involved in the delivery of this project?**  Yes No  If **yes** please :  **Name all partners organisations**  **and provide contact details** | | |
| **12. Is your organisation likely to be the Lead partner for the delivery of this project?**  Yes No  If **no** please :  **Name the likely lead partner organisation** | | |
| **13. Which of the following Folkestone CLLD issues will your project support?** Please tick the relevant ones below. | | | |
| Promotion of social enterprise in the CLLD area  mmm | | Assisting local enterprises to employ staff | |
| Increasing self- employment and business starts  in the CLLD area | | Provision of ‘DIY space’ and/or business incubation facilities | |
| Supporting local SME businesses to succeed | | A central networked hub to facilitate the delivery of  integrated programming and services - a Community Hub | |
| **14. Which of the following groups will your project work with?** Please tick the relevant ones below. | | | |
| New businesses registered at Companies House less than 12  months before assistance is provided | | Social enterprises | |
| Sole Traders registered with HMRC less than 12 months before assistance is provided | | SME Businesses | |
| Potential entrepreneurs resident in the area looking to  establish a business or become self-employed | | Businesses from outside the UK locating in the UK for the  first time | |
| **15. What is the estimated total project cost?** | |  | |
| **16. What is the estimated value of match funding that will be contributed to the estimated total project costs** | | Value of Match Funding match as % of project costs | |
| **17. Where will the match funding come from?**  Staff time Cash Company Reserves Loan Overdraft Other grants Other  Cash from other funding organisations (if so please provide details below) | | | |

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| **ORGANISATION EXPERIENCE** | | |
| **18. Have you worked on European Funded projects previously or other grant funding? Yes/No**  If yes, please provide details below. | | |
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| **19. Do you have experience of managing evidence gathering and claims processes? Yes/No**  If yes, please provide details below. | | |
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| **By signing this form, you will be added to the Folkestone Community Works local network and agree to receive information about the programme** | | |
| **Date** | **Company contact signature** | |
| **Data Protection Act 1998: This data is being held by Folkestone CLLD who may wish to contact you regarding other relevant services.** | | Please tick the following if you do want to be contacted about these services by  Email Telephone Post  We may also want to share this information with your local Growth Hub. Please tick the following if you are happy for us to do so to enable a long-term, joined up approach to local service provision. |