**SME BUSINESS GRANTS SCHEME: 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name:** | |  | | | | | |
| **Company Address:** | |  | | | | | |
| **Website:** | |  | | | | | |
| **Nature of Business (Standard Industrial Classification (SIC) code:** | |  | **Owners of the business?** | | | | |
| **What is your company’s trading status?** | |  | | **Company creation date** | | |  |
| **Company Registration**  **No.** | |  | | **If VAT registered. please state VAT Registration No.** | | |  |
| **Does your company have a Sustainable Development Policy and an Equality and Diversity Policy?** | | **Sustainable Development**  **Equality & Diversity** | | **Yes**  **Yes** | | | **No**  **No** |
| **Contact Name** | |  | | | | | |
| **Job Title** | |  | | | | | |
| **Telephone** | |  | | | **email** |  | |
| **Approximate number of years organisation has published accounts** | No. of years of published accounts  I have attached/enclosed previous two years of accounts | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **How many full-time equivalent employees does the company currently employ?** | |  | | 1. **Is the company balance sheet more than €43 mill (approx. £39 mill)?** | | |  | 1. **the company annual turnover more than €50 mill (approx. £44 mill)?** | | |
| **Yes**  **No**  Yes  **No** | | | | | | | | | | |
|  | | | | | | | | |  | |
| **Balance Sheet Total** | | | **Annual Turnover Amount** | | | | **Last 3 fiscal years State Aid Total** | | | |
| **Due to COVID-19 and the impact on businesses, please enclose a cash flow statement** | | | | | | | | | | |
| **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** |
|  |  | | | |  |  | |  | |  |
|  |  | | | |  |  | |  | |  |
|  |  | | | |  |  | |  | |  |

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Do other firms own more than one quarter of your company?** | | | | |  | | **5a. If YES, can the parent company answer NO to question 2?** | |
| **Yes (answer 5a)** | | **No** | | | | **Yes**  **No** | | |
| **6. Has your company received any financial or other support exceeding €200,000 (approx. £171,000) from any public body over the last 3 fiscal years)?** | | | | | | **Yes**  **No** | | |
| **7. Please describe the project for grant being sought** | | | | | | | | |
| **8. What is the estimated total project cost?** | | | | | | | | |
| **9. There is a requirement to provide a minimum of 50% of total project costs as match funding, please provide details below of the:**  **Estimated value of match funding**   1. **Source of the match funding** | | | | | | | | |
| **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.** | | | | | |