### **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.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 fiscal years State Aid Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **PROJECT INFORMATION** | |
| **6. Name of the Project** |  |
| **7. Name of the Lead Organisation** |  |

|  |  |  |
| --- | --- | --- |
| **ORGANISATION EXPERIENCE** | | |
| **17. Have you worked on European Funded projects previously or other grant funding? Yes/No**  If yes, please provide details below. | | |
|  | | |
| **18. Do you have experience of managing evidence gathering and claims processes? Yes/No**  If yes, please provide details below. | | |
|  | | |
| **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. |