

BUSINESS GROWTH GRANT APPLICATION FORM



Prior to completing this form please read the Guidance Notes to check that your application meets the schemes aims and eligibility criteria

You will need to submit your business plan with this application, along with a copy of your financial accounts for the last financial year, and 3 quotes for each item you wish to purchase.

THE APPLICATION CANNOT PROCEED WITHOUT THE FORM BEING FULLY COMPLETED AND THE INFORMATION REQUESTED SUPPLIED

PLEASE COMPLETE FULLY

BUSINESS NAME:

BUSINESS ADDRESS (i.e. trading address):

POSTCODE:

CONTACT NAME:

POSITION:

BUSINESS TELEPHONE NO:

MOBILE NO:

EMAIL ADDRESS:

WEBSITE ADDRESS:

Please indicate:

**SOLE TRADER/LIMITED COMPANY/LIMITED LIABILITY
PARTNERSHIP**

**If Limited Company or Limited Liability Partnership, please give
registered office address:**

**Company Registration No:
NAMES OF PROPRIETORS/DIRECTORS**

BUSINESS BANK ACCOUNT/'TRADING AS' ACCOUNT NAME

ARE YOU VAT REGISTERED?	YES/NO
If yes – Vat Registration No:	
BUSINESS PROPERTY DETAILS- Please complete this section if you are moving into business premises that are liable for business rates:	
FULL PROPERTY ADDRESS:	
POSTCODE:	
NATIONAL NON-DOMESTIC RATES PROPERTY REFERENCE NUMBER, IF KNOWN:	
ARE YOU THE OWNER OR LESSEE OF THE PROPERTY? YES/NO	
IF THERE IS A LEASE, HOW LONG HAS THE LEASE LEFT TO RUN?	

NATURE OF BUSINESS:
BRIEF HISTORY OF BUSINESS (including start date and turnover)
Please include a copy of last year's accounts

DO YOU WORK 30 HOURS/WEEK (min) IN THE BUSINESS?			
YES/NO			
IS THIS YOUR ONLY SOURCE OF EMPLOYMENT AND BUSINESS THAT YOU ARE INVOLVED IN?			
YES/NO			
No. of Employees (inc partners & Directors)	Full Time	Part Time	Casual
Existing			
Planned			

Have you, your existing business or a business which you have owned or been a partner/director of, received a grant from a public body within the last 5 years? YES/NO
If yes, please specify:

Proposed investment and how it will help you to achieve your future development plans (including proposed completion date of project). What measurable difference will the grant make? Please explain why you need the grant to help you achieve your growth plans e.g. insufficient funds in the business, unable to secure other sources of finance.

Please attach copies of three quotations or estimates for products or services to be purchased. Please note quotations must be in £ sterling.

TOTAL COST OF PROJECT: £

HOW DO YOU PROPOSE TO MATCHFUND?

GRANT FUNDING APPLIED FOR: £
(up to a maximum of £3,000)

PLEASE ADD ANY OTHER INFORMATION THAT YOU FEEL MAY BE RELEVANT:

(continue on separate sheet if necessary)

Declaration *please read carefully.....*

1. I have provided Worcester City Council with three quotations for any goods/services to be purchased in support of my application.
2. I confirm that my business has all the necessary permissions and licences to operate.
3. I confirm that I am responsible for all goods/services/works carried out as a result of the award of this grant and will ensure that any works comply with all relevant regulations and legislation.
4. I understand that any goods/services purchased are to be completed within the date specified in the offer letter.
5. I consent to all documentation submitted being made available for Worcester City Council's use (this includes use for publicity purposes to promote the grant). I understand that any personal information provided on this form will be used to process the application and may be used to monitor the support of the project. Personal data will only be held in accordance with Data Protection legislation. I also understand that the Council is bound by the requirements of the Freedom of Information Act 2000.
6. I consent to Worcester City Council involving my business in publicity e.g.: press releases and photographs
7. I consent to Worcester City Council seeking information from other sections of Worcester City Council or other public sector bodies.
8. I understand that Worcester City Council reserves the right to recover the entire grant if any information supplied is found to be inaccurate or misleading or if I am found to have improperly tried to influence the decision of any officer or Elected Member of Worcester City Council in the award of a grant. In the event that I am requested to repay the funds to Worcester City Council I will do so within a period of 30 days.
9. I have read and understand the criteria for application and the accompanying notes and agree to comply with the principles of the Worcester City Growth Grant Scheme. I am aware that false declarations will invalidate my application.
10. I understand that any payment will be made directly into my business bank account through the Bank Automated Clearance System.
11. I understand that Worcester City Council is under a duty to protect the public funds it administers. The Council may check information provided to it, with other bodies responsible for auditing or administering public funds and with other information it holds, in order to prevent and detect fraud.

12. I undertake not to do anything to bring the Council's reputation and/or standing into disrepute or attract adverse publicity for the Council.
13. I agree to take part in any monitoring and produce relevant information as requested at 6, 12 and 18 months after the grant is paid.
14. I understand that in accordance with the Local Government Transparency Code, Worcester City Council will publish individual payments with a value of over £250 on their website
15. I confirm that the details given in this application are full and accurate.

I have enclosed the following documents (please tick)	
Business Plan (with a cash flow forecast)	
Previous year's financial accounts	
3 quotes for each item I intend to purchase	

Signed:

Name: please print.....

Position:

Company:

Date:

Please indicate in the box below whether you would like us to send you occasional e-bulletins and other relevant information.

I would/would not like you to keep me on your mailing list (*please circle as appropriate*)

Please state the name you wish to appear on the council website (e.g. your trading name; your name; or "small business owner")

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PLEASE RETURN THE COMPLETED FORM TO:

**Economic Development Officer (Business Growth and Enterprise)
Worcester City Council
The Guildhall
High Street
Worcester WR1 2EY**

IF YOU NEED FURTHER INFORMATION OR ANY HELP WITH COMPLETING THIS APPLICATION FORM, PLEASE DO NOT HESITATE TO CONTACT JANET YATES AT WORCESTER CITY COUNCIL ON 01905 722106 OR EMAIL janet.yates@worcester.gov.uk

Updated 01/02/17