

CARMARTHENSHIRE BUSINESS GROWTH FUND

APPLICATION FORM



SECTION 3 – PROJECT DETAILS

Please give a description of your project and what you intend to purchase?

What is the Proposed Start Date for your project?

What is the total project cost?

What is the total value of eligible capital and/or revenue expenditure within the project?

£

*VAT ELEMENT WILL ONLY BE CONSIDERED FOR GRANT SUPPORT
IN NON VAT REGISTERED COMPANIES*

How much grant are you applying for?

The grant is based on up to 50% of eligible capital and / or specialist revenue expenditure within an approved project or £5000 per job created, whichever is least with a maximum award of £10,000. The minimum grant will be £1,000

£

Have you had assistance with this grant application, business plan or template from a business advisor

If yes, who?

Quote Checklist

Quotes up to £4,999 net – 1 quote

Value between £5,000 net - £24,999 net – 3 quotes

Value between £25,000 net - £74,999 net – 3 quotes

Value between £75,000 net and £173,934 net – minimum of 4 tenders sought with minimum of 2 returned (Goods & Services)

Value between £75,000 net and £4,348,350 net – minimum of 4 tenders sought with a minimum of 3 returned (Works)

Note: The grant will be assessed on the lowest quote for eligible expenditure only

Please refer to the Procurement section of the Guidance Notes before completing the following

Item 1 of eligible expenditure (give details) –

	Quote1	Quote 2	Quote 3	Quote 4	Quote 5	Quote 6
Supplier Name:						
Net Amount:						
VAT:						
Gross Amount:						

Item 2 of eligible expenditure (give details) -

	Quote 1	Quote 2	Quote 3	Quote 4	Quote 5	Quote 6
Supplier Name:						
Net Amount:						
VAT:						
Gross Amount:						

Item 3 of eligible expenditure (give details) –

	Quote 1	Quote 2	Quote 3	Quote 4	Quote 5	Quote 6
Supplier Name:						
Net Amount:						
VAT:						
Gross Amount:						

Item 4 of eligible expenditure (give details) -

	Quote1	Quote 2	Quote 3	Quote 4	Quote 5	Quote 6
Supplier Name:						
Net Amount:						
VAT:						
Gross Amount:						

Item 5 of eligible expenditure (give details) -

	Quote1	Quote 2	Quote 3	Quote 4	Quote 5	Quote 6
Supplier Name:						
Net Amount:						
VAT:						
Gross Amount:						

(Use extra sheets if necessary)

Please provide details of preferred supplier for each item (You may chose your preferred supplier, however, the grant awarded will be based on the lowest quote)

Please refer to guidance note 11.

Item	Supplier	Net £	VAT £	Gross £
Item:	Supplier: Reason:			
Item:	Supplier: Reason:			
Item:	Supplier: Reason:			
Item:	Supplier: Reason:			
Item:	Supplier: Reason:			
Item:	Supplier: Reason:			

NB. If you are purchasing second hand equipment, please refer to the Guidance Notes (no.7), Items purchased through lease purchase, hire purchase, extended credit will not be considered for grant funding.

Cash purchases will not be considered for grant payment..

Items purchased with credit cards are eligible but applicant will need to demonstrate that the amount on the credit card bill associated to the item(s) in the grant application has been paid in full prior to grant claim.

Please give details of the sources of finance below:

Specify source	e.g. savings, business account etc	Amount	Status - secured / applied for / to be applied for
Own			
Bank Loan			
Bank Overdraft			
Other Borrowings			
Other Grants			

SECTION 4 – EMPLOYMENT DETAILS

Whilst the main priority of the fund will be to support the creation of jobs within the County, consideration will be made to applications based on jobs safeguarded in exceptional circumstances, i.e. if the project is of key economic importance.

Please indicate the number of jobs that will be created or safeguarded **as a result of this grant application** being successful and the project proceeding. Projects creating direct employment will be expected to fulfil the levels indicated on the application forms. Failure to comply may result in the reclaim of the grant – applicants are therefore reminded to keep estimates to realistic levels.

	Immediately	Within 6months	6 – 12 months
Full-Time			
Part-Time			

Full Time = 30 hours or more Part Time = less than 30 hours

What are the job titles, salaries and proposed start dates of the jobs to be created?

Job Titles	Salaries	Total Hours (Per Week)	Proposed Start Date

SECTION 5 – TURNOVER

Annual Turnover:
(as per last accounts)

£

Estimate of increased turnover per annum as a result of this grant:

£

SECTION 6 – BUSINESS BANK DETAILS *(required for grant payment)*

Account Name:

Name and Address of Bank:

Bank Sort Code: - -

Bank Account Number:

SECTION 7 – ADDITIONAL DETAILS

ENVIRONMENTAL SUSTAINABILITY

Does your company have an Environmental Policy? **Yes** **No**

EQUAL OPPORTUNITIES

Does your company have an Equal Opportunities Policy and Strategy including monitoring systems? **Yes** **No**

WELSH LANGUAGE & CULTURE

Does your company have a Welsh Language Policy? **Yes** **No**
Please note – you will be need to submit this policy with your application – Support is available for you to produce the policy.

EUROPEAN UNION/PUBLIC FUNDING

Have you received any financial assistance from the EU or public body within the last three years? E.g. Objective 1, Welsh Assembly Government, other grants or funding? **Yes** **No**

If 'yes' please provide full details

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CARMARTHENSHIRE COUNTY COUNCIL FUNDING (IF APPLICABLE)

Please list any grant funding you may have already received or are currently applying for from Carmarthenshire County Council, stating the name of the scheme or programme.

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SUBMISSION CHECKLIST

Please tick the following checklist to ensure all information has been submitted with this application.

	Completed Application Form
	Completed Project Plan <i>(Template will be provided by Carmarthenshire County Council)</i>
	2 years historical accounts (management accounts if available)
	3 years financial forecasts (cashflow and P&L)
	Written Quotes (refer to guidance and terms and conditions documents)
	Welsh Language Policy

THE PROPRIETOR, PARTNER, DIRECTOR OR A LEGAL REPRESENTATIVE FROM THE BUSINESS OR CO-OPERATIVE MUST COMPLETE THIS SECTION

SECTION 9 – PERSONAL DETAILS					
Full Name:					
Date of Birth:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Home Address:					
				Postcode:	
Telephone No:	Daytime:	Evening:			

<ul style="list-style-type: none"> I/we authorise the Council to make any enquiries necessary to verify any information needed to determine my application. The information provided in this application may also be shared with colleagues in other departments and business support organisations in order to assess the application. I/we declare that all the information given on the form is correct, to the best of my knowledge, and that the giving of a false declaration may result in action by the Council against the signatory for recovery of the grant plus costs, charges and expenses relating thereto. I/we also confirm that I have full power and authority to act on behalf of the business/organisation that is making this application. 			
Signed		Print Name	
Position in Company / Job Title		Date	

Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1998

Please return this completed application form together with the relevant supporting information to:-

Post: Economic Development Team, Carmarthenshire County Council,
The Business Resource Centre, Parc Amanwy, Ammanford SA18 3EP

Email: businessfund@carmarthenshire.gov.uk