

# CARMARTHENSHIRE BUSINESS START UP FUND

## APPLICATION FORM



PLEASE ANSWER ALL QUESTIONS, AND TICK APPROPRIATE BOXES WHERE NECESSARY.  
INCOMPLETE FORMS CANNOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT

## SECTION 1 – APPLICANT DETAILS

Individual Name:	
Proposed Business Name:	
Name & Address of Applicant	Name & Address of Business/Property to which application refers (if different)
Postcode:	Postcode:
Telephone No:	Telephone No:
Fax No:	Fax No:
Email:	Email:
	Website:
Will this be your only operating address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'no' please state any other business addresses:	
If you will be operating your business from home you need to check if you require planning permission and if you need to register for business rates, please check with the Planning Department and the National Non Domestic Rates (NDR) department within your Carmarthenshire County Council.	

## SECTION 2 – BUSINESS STRUCTURE

What will the status be of your proposed business?	
Sole Trader <input type="checkbox"/>	Limited Company <input type="checkbox"/> Social Enterprise <input type="checkbox"/>
Partnership <input type="checkbox"/>	Co-operative <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Will your business be a part of a larger group / company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes', please give details, including employee numbers, turnover:-	
If you will be a Ltd Co and have already registered the company, please provide Company registration no:-	Will you be VAT registered at start of trading? Yes <input type="checkbox"/> No <input type="checkbox"/> If already registered, please fill in VAT registration no:-
What is the main activity of your proposed business?	

## SECTION 3 – PROJECT DETAILS

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

**What is the Start Date / Proposed Start Date for your business?**

*Evidence will be required to prove the start date, i.e. HMRC registration, Bank Statement, First Invoice.*

**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 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 document*

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 Document. 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

The main priority of the fund will be to support the creation of new enterprises and the associated jobs within the County,  
 Please indicate the number of jobs that will be created **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.

**Number of jobs to be created as a result of the grant:**

**Immediately                      Within first 6 months                      Within 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

Proposed Annual Turnover:  
 (as per financial forecast)

£

## 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 proposed business have an Environmental Policy? **Yes**  **No**

**EQUAL OPPORTUNITIES**

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

**WELSH LANGUAGE & CULTURE**

Does your proposed business 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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.....  
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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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.....  
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# SUBMISSION CHECKLIST

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

	<b>Completed Application Form</b>
	<b>Business Plan</b>
	<b>3 years financial forecasts (cashflow and P&amp;L)</b>
	<b>Evidence of trading commencement date, e.g. HMRC registration, bank statements, first invoice, etc.</b>
	<b>Written Quotes (refer to guidance and terms and conditions documents)</b>
	<b>Welsh Language Policy</b>

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"> <li>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.</li> <li>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.</li> <li>I/we also confirm that I have full power and authority to act on behalf of the business/organisation that is making this application.</li> </ul>			
<b>Signed</b>		<b>Print Name</b>	
<b>Position in Company / Job Title</b>		<b>Date</b>	

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](mailto:businessfund@carmarthenshire.gov.uk)