**BACK TO BUSINESS FUND APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose** | | | | | | | | | | | | | |
| The purpose of the Back to Business Fund (BBF) is to provide grants to help businesses address specific, immediate priorities in direct response to the COVID-19 pandemic, thereby enabling them to adapt or modify their premises or operating model in order to address new challenges in their trading environment.  BBF criteria have been devised to reflect feedback received via the Covid-19 Business Survey recently conducted by NLC, and to ensure the optimum economic impact. Note that the BBF focusses on providing grant funding as a contribution towards specific projects or investments being undertaken by applicants in direct response to Covid-19 and is not geared towards addressing working capital requirements or day-to-day cashflow issues.  BBF grants will provide 100% of eligible project costs (excluding VAT), up to a maximum grant award of £2,500 with one application per business. | | | | | | | | | | | | | |
| **Eligibility – to be eligible, your business must be able to meet all of the following criteria:** | | | | | | | | | | | | | **yes** |
| My business is based in North Lanarkshire. *Note: Applications from home-based businesses will only be considered in exceptional cases* | | | | | | | | | | | | |  |
| My business is a micro, small or medium sized enterprise (up to 250 employees) | | | | | | | | | | | | |  |
| My business has been trading as at 17 March 2020 and can evidence you were actively trading as at 7 June 2021 | | | | | | | | | | | | |  |
| My business can clearly evidence a significant loss of income as a result of COVID-19 restrictions and demonstrate why external financial assistance from North Lanarkshire Council is essential. | | | | | | | | | | | | |  |
| My business will not incur any project-related expenditure until after a formal decision on the grant application has been received. | | | | | | | | | | | | |  |
| My business owns the business premises or has more than 12 months remaining on a commercial lease at the date of application. Home-based businesses must be trading (not incorporated) for more than 12 months. | | | | | | | | | | | | |  |
| My business is not connected to a tax haven, as set out in the Coronavirus (Scotland) (No. 2) Act 2020. | | | | | | | | | | | | |  |
| **Purpose of Grant – My business requires a Back to Business Grant in order to:**  **(Please select from the following)** | | | | | | | | | | | | | **yes** |
| Implement diversification of my products and/or services in direct response to COVID-19 | | | | | | | | | | | | |  |
| Develop an ecommerce platform to enable online sales or improve/expand the business’s existing ecommerce capability | | | | | | | | | | | | |  |
| Undertake COVID-related adaptation of my business premises (e.g. to accommodate social distancing, or put in place a safe, compliant environment for staff and customers) | | | | | | | | | | | | |  |
| Adapt our business model to deliver a new or amended service/product offering | | | | | | | | | | | | |  |
| Other purpose (demonstrate that the proposed project seeking funding is in direct response to the impact of Covid 19 on the business): | | | | | | | | | | | | |  |
| **Contact Details** | | | | | | | | | | | | | |
| **Title:** | |  | **First Name:** | | |  | | | **Surname:** | |  | | |
| **Address:**  **Postcode:** | | |  | | | | | | | | | | |
|  | | | | | | Business Address  Home Address | | | | |
| **Contact Number:** | | |  | | | | | | **Contact Email:** | |  | | |
| **Area:** | | | North Lanarkshire | | | | | | **Are you the Business Owner?** | | Yes  No | | |
| **Business Details** | | | | | | | | | | | | | |
| **Business Name:** | | |  | | | | | | | | | | |
| **Business Phone Number:** | | |  | | | | | | | | | | |
| **Business address:**    **Postcode:** | | |  | | | | | | | | | | |
|  | | | | | | Residential  Commercial | | | | |
| **Business Email Address:** | | |  | | | | | | | | | | |
| **Business Website and/or Social Media Address:** | | |  | | | | | | | | | | |
| **What is the Legal Status of your Business? Please select one:** | | | Sole Trader  Partnership  Limited Company  Social Enterprise  Other (please state): | | | | | **Is your business a Small or Medium Sized Enterprise (SME)?** | | | | Yes  No | |
| **What is your percentage ownership of the business?** | | | |  | |
| **Is your business VAT registered?** | | | | Yes  No | |
| **Companies House Number: (if applicable)** | | | |  | |
| **Are you currently trading internationally?** | | | | Yes  No | |
| **What sector does your business operate in?** | | | Tourism  Manufacturing  Creative Industries  Construction  Health and Social care  Energy  Food & Drink  Logistics  Social Enterprise  Life Sciences  Other. Please state  ……………………………….. | | | | | **Is Your Business Currently Trading?** | | | | Yes  No | |
| **Please state your SIC Code:**  **For a list of SIC Codes, see:** [**https://www.gov.uk/government/publications/standard-industrial-classification-of-economic-activities-sic**](https://www.gov.uk/government/publications/standard-industrial-classification-of-economic-activities-sic) | | | |  | |
| **Financial Information** | | | | | | | | | | | | | |
|  | | | | **Current Year** | | | **Projections (can you estimate):** | | | | | | |
| **Year 1** | | | **Year 2** | | | **Year 3** |
| **Turnover:** | | | |  | | |  | | |  | | |  |
| **Turnover International Sales:** | | | |  | | |  | | |  | | |  |
| **Number of employees:** | | | |  | | |  | | |  | | |  |
| **Number of Higher Value Employees (i.e. number of employees earning over £25k):** | | | |  | | |  | | |  | | |  |
| **Business Description - brief description of your main business activity including key products/services** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Project Information** | | | | | | | | | | | | | |
| **Project Name:** | | |  | | | | | | | | | | |
| **Estimated start date\*:** | | |  | | | | | | **End date** | |  | | |
| **Total project cost**  **(£ excluding VAT):** | | |  | | | | | | **Grant amount\*\* applied for (£)** | |  | | |
| \* Project must not start until after you have received a formal grant decision from NLC.  \*\* The maximum grant award is capped at £2,500 | | | | | | | | | | | | | |
| **Project Description - provide a summary of the project and detail how the Back to Business funding will help your businesses address specific, immediate priorities in direct response to the Covid-19 pandemic** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Supporting Documentation – Please attached images or digital copies of the following in support of your application** | | | | | | | | | | | | | |
|  | **Evidence of Incorporation**- any one of the following:  Company (inc. SCIO): Certificate of Incorporation or Companies House registration number.  Partnership: Partnership agreement or HMRC registration.  Sole Trader Self Employed and Freelancers: HMRC registration, Self-assessment documents or valid business insurance document.  Community Interest Company: Certificate of Incorporation  Trust: Constitution documents, HMRC registration or VAT registration document. | | | | | | | | | | | | |
|  | **Evidence of Business bank statements** dated within three months of the application clearly showing the name, address, sort code and account number. If you do not have a business bank account, we will only accept personal bank accounts where they clearly show business transactions. | | | | | | | | | | | | |
|  | **Evidence of lost income** this could be in the form of a recent profit and loss account, management accounts, cash flow statements, invoices and receipts, details of contracts lost, cancelled booking diaries/work schedules, cancelled sales/orders, cancelled customer bookings due to COVID-19 restrictions. | | | | | | | | | | | | |
|  | **Evidence of ownership/commercial lease.** This could be a copy of i) premises lease summary or ii) e-mail from landlord confirming duration of tenancy agreement, or iii) proof of ownership. | | | | | | | | | | | | |
|  | **Evidence of projected project costs.** This should include formal supplier quote(s)dated within one month of the application for all eligible items/works seeking grant support. | | | | | | | | | | | | |
|  | **Bank Mandate for Payment by BACS.** See appendix 1. | | | | | | | | | | | | |
| **Subsidy Control/public sector support** | | | | | | | | | | | | | |
| *Please detail any public sector support you have received from UK, Scottish, Local Government and/or any other publicly funded body (e.g. Scottish Enterprise) over the last 3 years including any funding received under the De minimis aid regulation or COVID related business grant support* | | | | | Please confirm any funding/support received:   |  |  |  |  | | --- | --- | --- | --- | | Name of Support/Funding Received | Grant/Support Awarding Body | Amount Received | Date Received | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | |
| **Data Protection Notice** | | | | | | | | | | | | | |
| We (North Lanarkshire Council) are committed to protecting the privacy and confidentiality of any personal information that we hold.  This privacy notice will tell you how we look after your personal information and tell you about your rights.  We will ensure that your personal information is kept secure, in line with the General Data Protection Regulation and the Data Protection Act 2018, and we will only collect the minimum information necessary to fulfil a particular purpose; when we don't have a need to keep information about you, it will be disposed of in a secure manner.  For further information on how the information you provide will be used by North Lanarkshire Council, please read our [**privacy notice**](https://www.northlanarkshire.gov.uk/index.aspx?articleid=15003). | | | | | | | | | | | | | |

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| **Equal Opportunities Monitoring** | | | | | | | |
| Under the Enterprise Act, local government has an obligation to collect Equal Ops information for the purpose of ensuring fairness and transparency in service delivery to all sections of the community. Completion of the above information will allow us to monitor the uptake of our services and help us to achieve this commitment. All responses are optional. | | | | | | | |
| **Gender (please delete non relevant options):** | | | Male  Female  Prefer not to say | | | | |
| **Date of birth:** |  | | | **Young Person (18 – 25) (Please delete)** | | | Y/N |
| **Ethnic Origin:** (please delete non relevant options) |  |  | |  |  |  | |
| **Gender**:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Male |  | Female |  | Prefer not to say |  |   Your date of birth  **Ethnic origin**: please tick one of the following  **White**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Scottish |  | Other British |  | Irish |  | | Other |  |  |  |  |  |   **Asian or Asian British/Scottish**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Pakistani |  | Indian |  | Bangladeshi |  | | Chinese |  | Other |  |  |  |   **Black or Black British/Scottish**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | African |  | Caribbean |  | Other |  |   **Mixed**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | White/Black African |  | White/ Caribbean |  | White/Asian |  | | Other |  |  |  |  |  |   **Other**   |  |  | | --- | --- | | Other ethnic background |  | | Prefer not to say |  |   **Disability**  Do you have any long-term illness, health problem or disability that limits your daily activities or the work you can do?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Yes |  | No |  | Prefer not to say |  | | | | | | | | |

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| **Subsidy Control/State Aid** |
| This grant fall under the UK Government’s obligations relating to subsidy control as set out in the EU-UK Trade and Cooperation Agreement, which can limit the amount of such aid per recipient.  The European Commission Temporary Framework enables Members States to grant aid to undertakings facing difficulty as a result of the COVID-19 outbreak.  The Temporary Framework covers support granted to businesses which were not already in financial difficulty on 31 December 2019, and aid support granted to businesses no later than 31 December 2021.  The UK-EU Trade and Cooperation Agreement set out principles enables a business to receive public funding of up to 325,000 Special Drawing Rights over a three-year period (note different rules apply to agriculture and fisheries). Special Drawing Rights are an IMF unit and 325,000 SDR is currently approximately £332,000.  Further information on State Aid is available at:  [**https://www.gov.scot/publications/coronavirus-covid-19-state-aid-public-authorities/**](https://www.gov.scot/publications/coronavirus-covid-19-state-aid-public-authorities/)  [**https://www.gov.scot/publications/state-aid-guidance/**](https://www.gov.scot/publications/state-aid-guidance/)  I confirm that:  *Any COVID related support I have received from UK, Scottish and Local Government, combined with this grant, will not breach the 1.8m euros limit and that my business was not an undertaking in difficulty on 31 December 2019 (with exception of small and micro enterprises).* **Tick Box**  *Any public support I have received from UK, Scottish and Local Government over the last 3 years under the De minimis aid regulation and the Small Amounts of Funding Exception, combined with this grant, will not breach the 325,000 Special Drawing Rights ceiling and that my business was not an undertaking in difficulty on 31 December 2019.* **Tick Box** |

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| **Client Declaration -**  **in signing this declaration, you are confirming the above information is accurate as completed** | |
| I am applying in full knowledge that the purpose of the Back to Business Grant is to provide financial support to help businesses undertake specific items of expenditure which will allow them to address the impact of the COVID-19 pandemic on the business, enabling them to operate a safe workplace for their staff and customers and adjust their business model in order to take advantage of new opportunities in the trading environment.  I understand that if this application is accepted by North Lanarkshire Council, payment of the grant will be made subject to compliance throughout the grant period with the conditions of the scheme as specified in the scheme guidelines which I have read, and which include the following conditions detailed below and on the previous page.  I understand that my application and supporting documents will be subject to audit and post-award follow up procedures. I understand that I will have to provide details of actual project spend and provide confirmation that the grant funding has spent in accordance with the grant terms.  If any part of the declaration is subsequently found to be incorrect or if the actual project spend is materially different to the evidence of project costs provided as part of this application, North Lanarkshire Council shall be entitled to terminate the offer and to demand immediate repayment of the financial assistance.  If I am found to have knowingly provided false information my application will be subject to fraud referral.  I acknowledge that I may be required to declare receipt of a grant for tax purposes or if applying for other forms of support in the future.  I confirm that the information given on this application form is correct and complete in all respects | |
| **Applicant Name:** |  |
| **Signature:** |  |
| **Organisation:** |  |
| **Position in Organisation** |  |
| **Date:** |  |

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| **Application Submission** |
| Completed applications should be submitted by email to [BackToBusinessFund@northlan.gov.uk](mailto:BackToBusinessFund@northlan.gov.uk) alongside the requested supporting evidence.  Please ensure you complete all parts of this application and provide the relevant evidence required.  Insufficient evidence will lead to a delay in your grant application being processed. |

**Appendix 1**

**BANK MANDATE FOR PAYMENT BY BACS**

**North Lanarkshire Council**

**Finance Department – Revenue Services**

***North***

|  |  |
| --- | --- |
| ***(a) Name of Organisation*** |  |
| ***(b) Address of Organisation*** |  |
|  |  |
|  |  |
|  |  |
| ***(c) Name of Bank Account*** |  |
| ***(d) Address*** |  |
|  |  |
|  |  |
|  |  |
| ***(e) Post Code*** |  |
| ***(f) Bank Sort Code*** |  |
| ***(g) Bank Account Number*** |  |
| ***(h) Acc. Roll Number*** |  |
|  | ***(e.g. Building Society, Municipal Bank)*** |

*Declaration*

*I hereby confirm that the above are true details to be used for the purpose of receiving payments from*

*North Lanarkshire Council which may be due to the organisations/payee as stated at (a) above.*

1. ***Authorised Signature: (please sign with blue ink) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

1. ***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
2. ***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***For Office use only:***

***Passed to Finance by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***For Finance use only:***

***Date received………………..***

***Cedar Ref. ………………….***

***Actioned by ……………….. Date ………………***

***Checked by ………………... Date ………………***