|  |  |
| --- | --- |
| **COVID19 Discretionary Grant Reference No:** | ***Office Use Only*** |
| **Company Name** |  |
| Company Registration Number: |  |
| Business Address (main address of operations): |  | **Contact Name:** |
| **Telephone:** |
| **Registered Office Address** (if different): |  | **Mobile:** |
| **Email:** |
| **Website:** |
| Legal status of business | Sole Trader / Partnership / Limited Company / Co-operative /Other \* (if other, please give details) |
| Business Rates Account Reference (if applicable) |  | **Rateable Value of Property (if applicable)** |  |
| **Date of incorporation (if incorporated):** |  | Date commenced trading: |  |
| **Total current number of employees within company:** |  | Business Sector: |  |
| **Company turnover:** |  | Company balance sheet:  |  |
| Business Activity |
|  |
| **Applicants: Directors/Managers** |
| **Full Name** | **Address inc. post code (please provide address details for last 5 years)** | **Date of birth** | **Position** | **Remuneration** | **£ invested** | **% share-holding** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| OTHER SHAREHOLDERS: |  | **£ invested** | **% share-holding** |
| Full name | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (all shareholders):** |  | **100%** |
| OTHER KEY MANAGEMENT POSITIONS  |
| Name | Position | Role/responsibility |
|  |  |  |
|  |  |  |
| **Total no of Employees in Company** |  |

|  |
| --- |
| **GROUP DETAILS (To be completed only if Company is part of a Group)** |
| Name of ultimate parent company |  |
| Head office address |  |
| Total no of employees within group |  |
| Group turnover |  |
| Group balance sheet  |  |

|  |
| --- |
| Brief description of how COVID19 has impacted the business turnover? |
| *Include information around loss of earnings, business being closed*  |
| **Brief description of fixed property overheads still required to be paid during COVID19?**  |
| *Include specific amounts* |
| **Is your business claiming any other financial support from COVID19 government schemes? If yes, please detail which schemes you have applied?** |
|  |
| **Is your business still trading, if so, have you adapted the way you undertake your business and has this incurred additional costs?**  |
|  |
| **Amount of Grant Requested:** |  |

Alongside your application please provide the following:

* Previous 2 years full annual accounts including profit and loss for those periods
* Management accounts for the below periods:
	+ Jan – May 2019
	+ Jan – May 2020
* Copy of Lease (if applicable) or evidence of Mortgage agreement/payments
* List of fixed property overheads (rent, insurance, utilities etc.)

***Failure to provide full information may lead to delays or refusal of your grant application***

To **Submit Your Application** please follow the below link:

<https://survey123.arcgis.com/share/67698792ca844587a5941dfe53bf4aa8>