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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |
|  |  | | |  |  |
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|  |  | | |  |  |
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|  |  | | |  |  |
| **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>