Coast to Capital Business Recovery Fund 2020-21

Expression of Interest Form

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| **APPLICANT DETAILS** |
| **Organisation Name**  |  |
| **Organisation Address** |  |
| **Postcode** |  |
| **Business Registration No.** |  |
| **Number of years trading** |  |
| **VAT Registration No.**  |  |
| **Name of MD / CEO** |  |
| **Does the business have a clean filing history at Companies House?** |  |
| **Have any of the Directors ever been disqualified?** |  |
| **Name of lead contact** |  |
| **Email address of lead contact** |  |
| **Telephone number of lead contact** |  |
| **Website Address**  |  |
| **Sector of your organisation** |  |
| **Brief description of what your organisation does (Max 100 words)** |  |

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| **Type of Organisation**(insert an “X”) | **Limited Company** |  |
| **Charity** |  |
| **Partnership** |  |
| **Social Enterprise** |  |
| **Sole Trader** |  |
| **Other (please specify)** |  |
| **Number in workforce:**  | **2020 Actual** |
| Full-time |  |
| Part-time |  |
| Apprentices |  |
| Volunteers |  |
| **TOTAL number in workforce** |  |
| **Turnover (Financial Year End)**  | **YE 2018/19 Actual** | **YE 2019/20 Actual** | **YE 2020/21 Forecast** |
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| **OUTCOMES & IMPACTS** |
| **What is the project and what would the grant be used for? (Max 300 words)** |
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| **What impact would this grant make to the recovery of your business? (Max 300 words)** |
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| **How many new positions would the funding help create in Year 1?** |  |
| **Number of existing positions this funding would safeguard?** |  |
| **What is the latest proposed completion date for the project?** |  |

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| **PROJECT COSTS BREAKDOWN** |
| **DESCRIPTION OF PROJECT ITEMS**(Please add lines where necessary) | **Latest date cost will be incurred by** | **COST (£)** | **HOW HAS THE COST BEEN CALCULATED?** |
| **NET**(excluding VAT) | **GROSS**(including VAT) | (Quote or estimate) |
| **CAPITAL Items** |
|  |  |  |  |  |
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|  |  |  |  |  |
| **TOTAL CAPITAL COSTS** |  |  |  |  |
| **REVENUE Items** |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL REVENUE COSTS** |  |  |  |  |
| **TOTAL PROJECT COSTS (Capital & Revenue)** |  |  |  |  |
| **MATCH FUNDING SOURCE(S)** |
| **SOURCE OF MATCH** | **NAME OF FUNDER / SCHEME** | **AMOUNT (£)** | **MATCH CONFIRMED?** |
| **Grant Funding** |  |  |  |
| **Loan Funding** |  |  |  |
| **Reserves / Retained Profits** |  |  |  |
| **Directors / Shareholder Investment** |  |  |  |
| **Other (Please Specify)** |  |  |  |
| **TOTAL MATCH** (Must add up to at least 50% of total project value) |  |  |  |
| **GRANTS RECEIVED IN THE LAST 3 YEARS FROM OTHER SOURCES** |
| **STATE AID REGULATIONS:** **If your organisation has received more than £170,000 in public aid over the previous 3 financial years (inclusive of this financial year), this will mean that you are unfortunately ineligible to receive this grant.** |
| **Funding source** | **Date offer made** | **Amount received** |
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**APPLICANT STATEMENT AND SIGNATURE**

I wish to apply for the sum of **£** to deliver my business proposal.

On behalf of [ ] I confirm that I have answered all of the questions in this form accurately and truthfully and I accept and have read the Coast to Capital [privacy policy](https://www.coast2capital.org.uk/privacy-policy/%26s1%3Dprivacy%2B%26s2%3Dprivacy%26s3%3D4)

Theperson who signs this form should be an authorised signatory of the organisation.

**Signed (electronic signature):**

**Name:**

**Position:**

**Date:**