Expression of Interest

The Collaboration 4 Growth (C4G) small grants scheme supports the growth or development of existing micro, small and medium-sized businesses based in Central Lincolnshire within the administrative boundaries of North Kesteven District Council, West Lindsey District Council or the City of Lincoln.

To ensure you are eligible to apply for a grant from the Collaboration 4 Growth Small Grants Scheme you need to be able to answer YES to all the following criteria. If so, please continue to complete, sign and return this Expression of Interest form.

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| **CHECK CRITERIA** |  |
| Is your business located in Central Lincolnshire within the administrative boundaries of North Kesteven District Council, West Lindsey District Council or the City of Lincoln? | **YES ☐ NO ☐** |
| Are you a Micro, Small or Medium Sized Businesses | **YES ☐ NO ☐** |
| Do you have match funding that you can contribute to the project? | **YES ☐ NO ☐** |

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| **APPLICANT DETAILS** |
| Name of Organisation |  |
| Registered Company Number (if applicable) |  |
| Business address |  |
|  |
|  | Post Code |  |
| Telephone |  |
| Website address |  |
| Number of employees |  | Turnover last financial year | £ |
| Main activity of business |  |
| First date of trading |  |

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| **CONTACT DETAILS** |
| Contact name |  |
| Position in Organisation |  |
| Mobile number |  |
| Email |  |

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| **Project Summary** |
| Please provide a brief summary of your project (max 200 words) |
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| **Cost and Funding** |
| Details of proposed spend (e.g. purchase of capital equipment, premises fit out, IT improvements, marketing plan etc). Please include overall project cost. |
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| **Amount of grant sought (grants available at 60% of overall project cost. Minimum grant £2,000, maximum £7,000)** |
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| **List all sources of finance for the project** |
| (Include a breakdown of individual amounts, any other state aid funds and state if contribution is confirmed) |
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| **Confirm amount and date of state aid received in the last 36 months**  |
| For the definition of state aid please see [www.gov.uk/state-aid](http://www.gov.uk/state-aid) |
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| **Employment Impact** |
| **When and how many jobs will be created by your project?** |
|  |
| Type of jobs to be created |
|  |
| Annual salary of jobs to be created |
|  |
| Location of jobs to be created (including post code) |
|  |
| **Total number of jobs to be safeguarded by the project**  |
| (Confirmation in writing will be required to evidence that these jobs would have been lost within 12 months if the project did not proceed). |
|  |
| Type of jobs to be safeguarded |
|  |
| Annual salary of jobs to be safeguarded |
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| **Business Support** |
| If invited to submit a full application, applicant businesses are able to access support from our outreach grants officer to help develop your full application. You will be contacted to arrange an appointment to go through the full application and the process from application to grant offer letter and the reporting that will be required if your grant is approved. |

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| **How did you hear about the Collaboration 4 Growth Grants Scheme?** |
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| DECLARATION: **Please read each of the statements below and tick to indicate that you have read, understood and agree to each statement.**I understand that completion of this Expression of Interest does not guarantee that I will be invited to complete a full application. Please tick ☐I understand that if this EOI is accepted I will be invited to complete a full application form and supply the required information necessary to support my application, enabling a robust assessment and appraisal to take place. Please tick ☐I understand that the full application may be declined and that the decision of the Grants Panel is final and that there is no appeal process. Please tick ☐In addition to completing and signing this Expression of Interest, I have also completed and signed the attached SME Enrolment Form. Please tick ☐I understand that if our application is successful we will be required to pay for the full cost of the project and provide evidence of the spend prior to submitting a claim for the grant. Please tick ☐I declare that the information contained within this expression of interest is, to the best of my knowledge, accurate and complete in all respects, and I accept that any grant paid will become immediately repayable in the event of any material inaccuracy or submission of false information. Please tick ☐ |
| The COLLABORATION 4 GROWTH GRANTS SCHEME RESERVES the right to withhold, vary or reclaim funding if any information supplied during this application process and the ensuing monitoring period proves to be inaccurate or false. |

Signature

Name (block capitals)

Date

Position in organisation

Completed forms should either be returned electronically to ian.jones@lincs-chamber.co.uk or posted to Collaboration 4 Growth Small Grants Scheme, Lincolnshire Chamber of Commerce, Commerce House, Carlton Boulevard, Lincoln, LN2 4WJ.

Following submission of this Expression of Interest, basic eligibility checks will be carried out and, if successful at this stage, you will be asked to complete a full application. Full applications consist of an Application Form with supporting evidence in the form of 3 quotations for items required. C4G staff will support you in completion of the application and are on hand to answer questions throughout the application process. Once submitted the application will be considered by the Grants Panel who will meet to discuss all applications and decide which businesses are supported according to the funds available.

Data Protection – Please note that this is a EU funded Programme and it may be necessary to share your information with these parties in order to give you the full assistance you require. You should be aware that some information relating to this Programme may be declared to third parties under the Freedom of Information Act 2000. We will not sell or divulge your details to any third parties. All information given will be stored securely and processed in accordance with GDPR regulations and the Data Protection Act.

**COLLABORATION 4 GROWTH SME ENROLMENT FORM**

Please complete all sections of the form to enable us to determine your eligibility for the project.

 **BUSINESS CONTACT INFORMATION**

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| Organisation: |  |
| Contact Name: |  | Position: |  |
| Address: |  | Postcode: |  |
| E-mail: |  | Telephone No:  |  |
| Nature of business: |  | Business Registration no: |  |
| Business Website: |  | Business Facebook: |  |
| Business Twitter: |  | Business LinkedIn: |  |
| Date commenced trading: |  | VAT no: |  |
| Date of incorporation: | Please note if this date is within the last 12 months, then evidence of registration at Companies House or with HMRC must be provided with this form. | Legal Status (delete as applicable): | Private Limited Company/Public Limited Company Partnership/Limited Liability Partnership/Sole trader/Social Enterprise/Charity/CIC |
| Turnover in last financial year: £ |  | No of employees (full time equivalent): |  |
| How did you learn about Collaboration 4 Growth? Newsletter / Twitter / Facebook / Personal recommendation/Other source – please give details: |

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**Eligibility details**

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| To identify if your business falls within the category of a small to Medium Sized Enterprise (SME), please indicate below:Have you less than 250 employees? Yes NoIf yes, please complete the following questions:Is your business more than 25% owned by another company, a parent company or group of companies that is in itself not an SME? Yes NoDoes your business own more than 25% of another business? Yes NoDoes your annual turnover, or that of your parent company, exceed €50m? Yes NoDoes your annual balance sheet, or that of your parent company, exceed €43m Yes NoIf you are not a Limited Company, have you registered your company with HMRC? Yes No |
|  |  |  |

**EQUAL OPPORTUNITIES – Ownership of Business**

**Ethnicity**

White Mixed/Multiple ethnic groups Asian/Asian British

Black/African/Caribbean/Black British Other ethnic group Prefer not to say

**Gender**

 Male Female Prefer not to say

**Disability**

 No Yes Prefer not to say

**Age**

16-24 25-29 30-34 35-39 40-44 45-49 50-54

 55-59 60-64 65+ Prefer not to say

**De Minimis Aid declaration**

You are offered assistance under the European Commission’s De Minimis regulation (1407/2013) which allows an enterprise to receive up to €200,000 of De Minimis Aid in any three fiscal year period. To confirm that you are able to receive this assistance, you must declare the full amount of any other De Minimis Aid you have been awarded in the current and previous two fiscal years. Note: Any De Minimis Aid awarded to you under this project will have to be declared if you apply, or have applied for, any other support delivered under the De Minimis exemption.

To confirm that you are eligible to receive assistance you must declare the full amount of state aid that you have received over the last three years. Any De Minimis Aid awarded to you under this project will have to be declared, if you apply, or have applied, for any support delivered under the De Minimis rule.

**Declaration**

I declare the amount of De Minims Aid awarded, in euros, in the current and previous two fiscal years is:

|  |  |  |
| --- | --- | --- |
| **Current fiscal year**From:To: | **Fiscal year**From:To: | **Fiscal year**From:To: |
| € | € | € |
| **Provider of De Minimis Aid:** | **Provider of De Minimis Aid:** | **Provider of De Minimis Aid:** |
| **Reason for payment:** | **Reason for payment:** | **Reason for payment:** |

Alternatively, if no De Minimis Aid has been received in the period by the business, please tick here

Note: A fiscal year is a 12 month period over which company budgets its spending. A fiscal year does not always begin in January and end in December; it may run over any period of 12 months. The fiscal year is referred to by the date in which it ends. For example, if a company’s fiscal year ends October 31, 2018, then everything between November 1, 2017 and October 31, 2018 would be referred to as Fiscal Year 2017.

**DATA PROTECTION**

You understand that by submitting your personal details including your phone number, this will assist the Lincoln BIG, The Chamber of Commerce and the Business Lincolnshire Growth Hub in providing you with an appropriate response. This means that the above information may be passed to an appropriate department, agency or delivery partner for the purposes of responding to your enquiry and to report on the activities of the Business Lincolnshire Growth Hub to the Department for Business, Energy & Industrial Strategy (BEIS). You understand that your personal contact details will be used by the Business Lincolnshire Growth Hub to contact you should further information be required to answer your enquiry.

Please tick to confirm.

We may wish to contact you in the future (by post, phone, e-mail or text) to help us evaluate our service, or to provide you with additional information relating to your enquiry. Please tick if you are happy for us to contact you.

We may wish to contact you in the future to let you know about additional services that the Lincoln BIG, The Lincolnshire Chamber and the Business Lincolnshire Growth Hub can offer to your business. Please tick to confirm whether you are happy to contact you via: E-mail Telephone Post

All personal information will be processed in accordance with GDPR and the Data Protection Act and you have the right to see any records relating to yourself and to ask that they be amended where they are inaccurate.

**Declaration**

I confirm that the information contained within this document is correct to the best of my knowledge, and that the business to which the information applies is not an ‘undertaking in difficulty’. I have read the definition of an ‘Undertaking in Difficulty’ as defined in State Aid rules as included overleaf.

**Name:**

**Position:**

**Date:**

**Signed:**

If my business has been operating less than 12 months I have attached evidence of registration with Companies House or HMRC dated within this timeframe.

Please tick to confirm that this documentation has been provided.

**Undertakings in Difficulty – State Aid rules**

Undertakings in Difficulty as defined under the State Aid rules should not be supported by projects such as Collaboration 4 Growth, in accordance with Article 3.3(d) of the ERDF Regulation (EU) No 1301/2013.

The definition under State Aid rules that should be used when assessing whether an undertaking constitutes and undertaking in difficulty is set out in the General Block Exemption Regulation (GBER), No 651/2014 . Article 2 para 18:

 “‘undertaking in difficulty’ means an undertaking in respect of which at least one of the following circumstances occurs:

 (a) In the case of a limited liability company (other than an SME that has been in existence for less than three years or, for the purposes of eligibility for risk finance aid, an SME within 7 years from its first commercial sale that qualifies for risk finance investments following due diligence by the selected financial intermediary), where more than half of its subscribed share capital has disappeared as a result of accumulated losses. This is the case when deduction of accumulated losses from reserves (and all other elements generally considered as part of the own funds of the company) leads to a negative cumulative amount that exceeds half of the subscribed share capital. For the purposes of this provision, ‘limited liability company’ refers in particular to the types of company mentioned in Annex I of Directive 2013/34/EU (1) and ‘share capital’ includes, where relevant, any share premium.

(b) In the case of a company where at least some members have unlimited liability for the debt of the company (other than an SME that has been in existence for less than three years or, for the purposes of eligibility for risk finance aid, an SME within 7 years from its first commercial sale that qualifies for risk finance investments following due diligence by the selected financial intermediary), where more than half of its capital as shown in the company accounts has disappeared as a result of accumulated losses. For the purposes of this provision, ‘a company where at least some members have unlimited liability for the debt of the company ‘refers in particular to the types of company mentioned in Annex II of Directive 2013/34/EU.

(c) Where the undertaking is subject to collective insolvency proceedings or fulfils the criteria under its domestic law for being placed in collective insolvency proceedings at the request of its creditors.

(d) Where the undertaking has received rescue aid and has not yet reimbursed the loan or terminated the guarantee, or has received restructuring aid and is still subject to a restructuring plan.

(e) In the case of an undertaking that is not an SME, where, for the past two years:

(1) the undertaking's book debt to equity ratio has been greater than 7,5 and

(2) the undertaking's EBITDA interest coverage ratio has been below 1,0.”

N.B. All parts of the test must be applied (as appropriate) in order to determine whether an organisation is an undertaking in difficulty

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