

COVID-19 Business Support Grants: Local Authority Discretionary Grant Fund

Apply for a Local Authority Small Business Discretionary Grant 

Section 2: Business Details

Title of Applicant*
Forename of Applicant *
Surname of Applicant *
Position in Business*
Business Address*
.....
.....
Postcode*
Home address
.....
.....
Contact number*
Email address*

Section 2a: Business Information

Business name (trading name)
Nature of business*
Business website
.....
Company number (Must provide if it is Ltd).....
Charity Number
VAT number



What is your company's legal status **insert drop down box here**

Self Employed (Sole trader/partnership), LLP, Limited by shares or guarantee, Self-employed, Community Interest Company

Were you trading on or before 11 March 2020? No Yes

Section 2b: Category of Business

Please choose one of the following options*

- I am a small or Micro Business in a shared office or other flexible workspace
- I am a Market Trader who does not have their own Business Rates Assessment
- I own a B&B and pay Council Tax instead of Business Rates
- I represent a Charity in receipt of Charitable Business Rates Relief
- I am a Business in the hospitality, leisure, retail sectors
- I am an independently owned manufacturing businesses which employs less than 50 employees
- I am none of the above categories (please describe your business below)

.....

Do you have your own Business Rates Assessment? YES/NO

If Yes please include your 10 digit Business Rate Customer Reference number

If No please explain why

Section 2c: Number of employees and Grant Requested

To be available to receive this Fund, your business must have less than 50 employees.

An employee is defined as a person who has received remuneration from your company in the last 6 months (up to and including 11th March 2020) and who has a full-time or part-time contract of employment to work for your company and is subject payment under the HMRC PAYE scheme.

Grant Award	Number of employees (Select)	Level of grant (Category A) (select)	Level of grant in local target sectors* (Category B) (select)
Level 1	1-2	£3,000	£5,000
Level 2	3-9	£5,000	£7,000
Level 3	10-29	£7,000	£10,000
Level 4	30-50	£10,000	£10,000

*Local target sectors include independent manufacturing companies and businesses in the hospitality, leisure, retail sectors

You may provide text to support your evidence of employee numbers and may attach documents. Examples of proof in support of this point include, but are not limited to Payroll or Personnel records; *redact names of employees, home address, DOB, NI numbers - job titles will be sufficient if providing supporting documentation*

Please summarise your evidence here * *(max 250 words)*

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

Section 2d: On-going Fixed Building Related Costs

For the purpose of this scheme, the Council determines fixed building-related costs to be; payments of mortgage, lease, rent or licence for business premises and **not** domestic premises (apart from the exception of Bed and Breakfast)

You may provide text to support your claim and also attach documents. Examples of proof in support of this point include, but are not limited to; a Signed Lease Agreement, Signed Licence Agreement, Signed Rental Agreement, Invoices for premises fixed cost or Signed Mortgage Agreement;

The evidence you submit must demonstrate and include the actual cost to the business.

Please summarise your evidence here * *(max 250 words)*

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

Section 2e: Loss of Turnover Due to COVID-19

Turnover March – May 2020:

Turnover March – May 2019:

Turnover March – May 2018:

- The Turnover figure for the current Financial Year and the previous 2 Financial Years must not exceed £10.2Million or £632,000 (respectively) for a micro business

- The Balance Sheet total for your business, for the current Financial Year and the previous two Financial Years must not exceed £5.1Million or £316,000 (respectively) for a micro business for each of those years

To be available to receive this Fund, your business must demonstrate that you have suffered a significant fall in turnover due to the COVID-19 crisis.

This can include evidence of physical business closure, loss of regular business turnover, reduced sales/activity volumes supported by evidence that the gross amount earned less expenses incurred for the COVID-19 period represent a significant fall in net income. Examples of proof in support of this point include either four months of bank statements or your latest set of accounts

Please summarise your evidence here * *(max 250 words)*

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

Section 2f: Trading Dates

To be available to receive this Fund, your business must have been trading on or before 11th March 2020.

You may provide text to support your evidence and may attach documents. Examples of proof in support of this point include, but are not limited to Registration with Companies House, Registration with the Charity Commission, bank statements for the last four months, evidence from HMRC or your public liability insurance certificate;

Please list your evidence here * *(max 250 words)*

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

Section 2g: Previous Support

Have you received any other financial support relating to Covid-19? For example:

A grant? * No Yes

Please give us details

A loan?* No Yes

Please give us details

Have you checked with HM Revenue & Customs whether you will be eligible for a grant from the Self-Employment Income Support Scheme (SEISS)

If you haven't checked yet, you can do it at <https://www.gov.uk/guidance/claim-a-grant-through-the-coronavirus-covid-19-self-employment-income-support-scheme>

Are you entitled to SEISS?* No Yes

If No, please tell us why

If you are entitled, are you going to claim a grant through the Self-Employment Income Support Scheme?*

No Yes

If No, please tell us why

Section 2h: Reset and Recovery

Please explain how the grant will aid your business to recover after COVID-19. For example how jobs will be saved and how you will generate business opportunities*

Max 250 words

Section 3: Bank details

Please provide details of the bank account associated with the business. This is the account which the grant will be paid into should your application be successful. Please check the details carefully – payment will be delayed if the details are incorrect.

Sort code*
Account number*
Account name*
Name of bank:*

By ticking this box you confirm that the information you have provided is true and accurate and you meet the eligibility criteria*

Section 4: State Aid

Under the EU Commission Covid-19 Temporary Framework (other conditions also apply) you can only receive up to €800,000 Aid (around GBP 734 000). E.g. State Aid threshold includes grants or financial assistance provided by local authorities or central government. This may be particularly relevant to those premises that are part of a large chain, where the cumulative total of grant funding received could exceed these thresholds.

[Further information on state aid can be found here.](#)

Please download and read our state aid guidelines by clicking the button below.

***Insert guidance* (see previous business rates form)**

Please confirm that the aid requested does not exceed €800,000 (around GBP 734 000) per organisation *

Yes- I can confirm that as a result of this aid request it will not exceed the €800,000 gross (equivalent to around £711,200) State Aid limit to the organisation and it will not breach in breach of the State Aid Guidelines provided above

No – This request will result in aid exceeding €800,000 gross (equivalent to around £711,200) State Aid threshold for the organisation as set out above and will breach the State Aid Guidelines provided above

Please confirm whether your organisation has faced difficulty as a result of the COVID-19 outbreak *

Yes, I can confirm the organisation has faced difficulty as a result of the COVID-19 outbreak

No, the organisation has not faced difficulty as a result of the COVID-19 outbreak

Section 5: Declaration

I understand that if I give information that is incorrect or incomplete the grant may be withheld or reclaimed and action taken against me. I declare that the information I have given in this form is correct and complete. I will inform the Council if there is any change in circumstance*

Self-declaration check box and date

Date: