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.

|  |  |
| --- | --- |
| **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 |  |
| 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. |
|  |
| **Amount of grant sought (grants available up to 60% of overall project cost. Minimum grant £1,000, maximum £5,000)** |
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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) |
|  |
| **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 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 Grant 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 held in confidence and only used in accordance with the Data Protection Act 1998.

**Collaboration 4 Growth SME Enrolment Form**

**BUSINESS CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | E-mail: |  |
| Organisation: |  | Business Registration no: |  |
| Position: |  | VAT no:  |  |
| Address: |  | No of employees: |  |
| Date commenced trading: |  |
| Postcode: |  | Nature of business:  |  |
| Telephone No:  |  | Legal Status |  |

**Eligibility details**

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| To identify if your business falls within the category of a small to Medium Sized Enterprise (SME), please tick the relevant boxes: |
| Have you less than 250 employees ? |  Yes |  No |
| If 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 |  No |
| Does your annual turnover, or that of your parent company, exceed €50m |  Yes |  No |
| OR |  |  |
| Does your annual balance sheet, or that of your parent company, exceed €43m |  Yes |  No |

**EQUAL OPPORTUNITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethic Ownership** |  |  |  |
| White | Mixed Race | Asian or Asian British |  Black or Black British |
| Chinese or other | No clear majority | Prefer not to say |  |
| **Gender** |  |  |  |
| Female | Male  | No Clear majority |  Prefer not to say |
| **Disability** |  |   |  |
| Disabled majority | Non  disabled majority | No clear majority |  Prefer not to say  |
| **Age Ownership** |  |  |  |
| 16 - 24 | 25 - 34 |  35 - 44 |  45 – 54 |
| 55 - 64 | 64 + |  No clear majority |  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: |
| € | € | € |

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, 2014, the everything between November 1, 2013 and October 31, 2014 would be referred to as Fiscal Year 2014.

**DATA PROTECTION**

You understand that by providing your personal details, this will assist Lincoln BIG and The Chamber of Commerce in providing you with an appropriate response. This means that the above information may be passed to an appropriate department, agency or appropriate grant scheme for the purposes of responding to your enquiry. You understand that your personal details will be used to contact you if further information is required to answer your query.

Please tick to confirm.

We may wish to contact you in the future (by post, phone or e-mail) 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 any additional services Lincoln BIG or The Lincolnshire Chamber can offer 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 the Data Protection Act 1998 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 in this enrollment form is correct to the best of my knowledge

**Name:**

**Position:**

**Date:**

**Signed:**