

The Scottish Borders Business Fund 2018-19

Financial Assistance for New and Small Businesses

APPLICATION FORM

- Please refer to the **GUIDANCE FOR APPLICANTS** before beginning this application.
- You should have completed an Expression of Interest form or been given advice to proceed to application stage by your advisor before beginning this form.
- Complete form in **BLOCK CAPITALS** or typescript, and black ink.
- No project should start or commit expenditure before receiving approval of grant.

1. Contact Information:

Unless otherwise indicated the business details will be used for all correspondence:

	Business	Main Contact
Name		
Position of Contact		
Address		
Town		
Post Code		
Telephone No		
Mobile No		
Email		
Date of Birth		
Fax		
Website		N/A

2. Business Type

Sole Trader Partnership Limited Company If Other, please specify: _____

3. Business Bank Account Details (required for payment of any grant awarded)

Name of Bank/Building Society

Address of Bank/Building Society

Name of Account

Sort Code Account No.

4. Business Details

UTR (Unique Tax Reference provided by HMRC)

If Limited Company: - Co Reg Number

- Place of incorporation

Otherwise: - National Insurance No of Main Applicant

VAT Registration Number

5. How many people do you currently employ? (including Partners and Executive Directors)

Full Time Part Time

6. What is your main business activity ?

7a. If you are starting up a new business, please tick otherwise go to Question 7c

7b. When do you expect to start trading?

7c. When did you first start trading?

8. Do you, your business, or any partners or substantial shareholder in your business, have links with any other business(es)?

Yes*

No

* If Yes, please give details of every such business(es) (including the number of employees) and of the connection with it.

9. Please give a brief description of the project for which you are applying for assistance and when the project will start

10. What will be the main impact of your project? Please tick:

- It will increase turnover of the company
- It will increase profitability of the company
- It will result in new product(s) or service(s)
- It will improve how we make our product(s) or provide service(s)
- It will improve the capacity of the firm

Based on your response above, please explain how the project will result in these impacts

11. Will your project create or safeguard jobs?

Yes * No

*If Yes, how many? New jobs

 Safeguarded jobs

12. Where do you expect an increase in turnover/market share to come from? Please tick:

- Selling goods to customers outside the Scottish Borders region
- Selling goods to customers outside Scotland
- Winning market share from local competitors in your sector
- Winning market share from local companies in other sectors
- Creating new demand

Based on your response above, please expand on the expected source(s) of increased activity.

13. Project Costs (excluding VAT)

Please give details of the cost of the project excluding VAT.
 To ensure project costs are based on real and accurate costs and represent value for money, you should enclose at least two quotations for any items of expenditure over £1,000.

Items of Expenditure	£
Total	

14. Project Finance

SBC may provide a grant of up to 50% of a project's costs – how do you propose to fund your project?

Total Project Cost £

Funded as follows:

Private Sector				
Source of Finance	(£)	Finance Confirmed		Date Confirmed /Expected
		Yes	No	
Own Resources (please specify)		<input type="checkbox"/>	<input type="checkbox"/>	
Bank overdraft		<input type="checkbox"/>	<input type="checkbox"/>	
Bank Loan		<input type="checkbox"/>	<input type="checkbox"/>	
Hire/Lease purchase		<input type="checkbox"/>	<input type="checkbox"/>	
Other private sector (please specify)				
•		<input type="checkbox"/>	<input type="checkbox"/>	
•		<input type="checkbox"/>	<input type="checkbox"/>	
•		<input type="checkbox"/>	<input type="checkbox"/>	
Profits generated by business activities		<input type="checkbox"/>	<input type="checkbox"/>	
Total Private Sector	£			

Public Sector				
Source of Finance	(£)	Finance Confirmed		Date Confirmed /Expected
		Yes	No	
SBC Financial Assistance		<input type="checkbox"/>	<input type="checkbox"/>	
Rural Development Programme		<input type="checkbox"/>	<input type="checkbox"/>	
Other public sector assistance (please specify)				
•		<input type="checkbox"/>	<input type="checkbox"/>	
•		<input type="checkbox"/>	<input type="checkbox"/>	
•		<input type="checkbox"/>	<input type="checkbox"/>	
Total Public Sector	£			

15. Have you been offered, or are you applying for, any other public sector financial assistance towards this project?

For example from Scottish Government, BERR or another Government Department or Scottish Enterprise

Yes No

Public Agency	Amount Received (£)	Date received

16. Why do you need Financial Assistance?

Please explain why the potential grant from SBC is necessary for you to go ahead with your project

17. Will your project require planning or other consents?

Yes* No

*If Yes, do you have all the necessary consents in place? – please provide details below

18. What will happen if you do not receive a grant from SBC?

e.g. Will additional loan finance be raised, or will the project be delayed, reduced in scale or not take place at all?

19. Declaration of interests

If the owner/ applicant is or is related to an employee of the Scottish Borders Council and/ or an Elected Member, please give further details here:

STATE AID

There are European Commission rules governing the amount of aid UK Government may give to businesses. The SBC Funding Scheme operates under an element of the State Aid rules which allows member states to give small amounts of aid (also known as 'de minimis aid') to businesses without notifying it to the European Commission in Brussels. In order to ensure that we are not in breach of any regulations please complete the table below detailing the amount of public sector or state aid your business has received in the last three years. Scottish Borders Council will use this information to determine whether or not your application meets the conditions of the regulation.

Date of Assistance	Provider (Organisation)	Nature of Assistance (Grant)	Value of Assistance
<i>Example 1</i>	<i>Scottish Enterprise</i>	<i>Grant for training support</i>	<i>£10,000 equivalent value</i>
<i>Example 2</i>	<i>Scottish Government</i>	<i>Rural Development Grant for Marketing</i>	<i>£10,000 cost</i>
<i>Example 3</i>	<i>Scottish Government</i>	<i>Small Business Bonus Scheme</i>	<i>£2,700 business rates relief</i>
<i>Example 3</i>	<i>Scottish Borders Council</i>	<i>Scottish Borders Business Fund</i>	<i>£1,600 business grant</i>

CHECK LIST

Please enclose the following:

- | | Yes | No |
|--|--------------------------|--------------------------|
| • BUSINESS PLAN (you can use template provided) | <input type="checkbox"/> | <input type="checkbox"/> |
| • CASH FLOW FORECASTS (you can use template provided) | <input type="checkbox"/> | <input type="checkbox"/> |
| • MARKETING PLAN (necessary for market development projects) | <input type="checkbox"/> | <input type="checkbox"/> |
| • RECENT ACCOUNTS – audited where available | <input type="checkbox"/> | <input type="checkbox"/> |
| • QUOTATIONS for work to be carried out (<i>2 independent for any item
In excess of £1,000</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| • DETAILS AND COSTS of equipment to be purchased | <input type="checkbox"/> | <input type="checkbox"/> |
| • NEW START BUSINESSES – proof of start up as below | <input type="checkbox"/> | <input type="checkbox"/> |

New Start Businesses will be required to provide proof of business start up – the UTR (tax reference number) should be included on page 2. Where the business has registered for VAT a copy of the HMRC notification of registration is also required.

Existing businesses will be required to provide their most recent audited accounts, including the notes to the accounts. If these are more than 9 months old, more recent unaudited or management accounts should also be provided.

New and recently established businesses should provide a cash flow projection showing anticipated income and expenditure for at least two years ahead, including the costs associated with the proposed project.

PLEASE ENSURE YOU COMPLETE, SIGN AND DATE THE DECLARATION AT THE END OF THIS FORM

APPLICANT MONITORING INFORMATION

	At present or according to latest audited accounts:
Full time employees	<input type="text"/>
Part time/ seasonal employees	<input type="text"/>
Turnover	<input type="text"/>
Profit	<input type="text"/>

DECLARATION

On behalf of the Organisation described in this form, I declare that the information given on this form and elsewhere in support of this application is correct and complete; and except as otherwise indicated on this form, the project which forms the basis of this application has not been started and no expenditure has been committed or defrayed on it.

I understand that the information provided will be used by Business Gateway and Scottish Borders Council to assess my application for funding assistance and that such assistance is discretionary.

If the grant application is successful I undertake to ensure that all sums, which may be paid to the Organisation by Scottish Borders Council, shall be used for the purposes for which the funding is awarded.

I confirm that the information provided is accurate and I agree to abide by the terms and conditions of the grant scheme.

I also confirm that I have/ the Organisation I represent has no outstanding debts to Scottish Borders Council.

I agree to the officers of Business Gateway sharing the information I have provided with officers within Scottish Borders Council. I also agree to my details being stored on a database for use by the Business Gateway or Scottish Borders Council in providing me with relevant information as they deem to be appropriate.

I am enclosing all the financial information that is required, with this application.

I understand and accept we may be requested to participate in any publicity in relation to the scheme.

Signed: Date

Designation:

If you are a limited company, an Executive Director must sign. Otherwise the Sole Proprietor or a Partner must sign.

For Sole Traders and Partners only:

Are you over the age of 18 years? Yes No

Please return the completed application along with all the relevant documents to:

Business Gateway
205 Tower Mill,
Kirkstile,
Hawick, TD9 0AE.
Tel: 01835 818226
Email: info@bgborders.com



European Union



The Scottish Government
Riaghaltas na h-Alba

EUROPE & SCOTLAND

European Regional Development Fund
Investing in a Smart, Sustainable and Inclusive Future

COMMENTS AND RECOMMENDATIONS (Business Gateway/Scottish Enterprise)

From your review of the documentation:		Yes	No	Other
Are the financial projections in the cash flow, reasonable and achievable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Are the project aims achievable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Does the project require financial assistance?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Will the project go ahead without grant assistance?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

Comments/ Observations/ Spend Timescale/ Recommendations

Business Gateway Adviser/
Account Manager:

Date