

COVID-19 Strategic Enterprise Programme Application

Contact Details

| | | | | |
|----------------------------------|-------------------------|-------------|-------------------------------------------|-------------------------------|
| Contact Name | | | | |
| Name of Organisation | | | | |
| UTR/Companies House Registration | | | | |
| Legal Structure of Recipient | Sole Trader | Partnership | Limited Company | Limited Liability Partnership |
| | Other (please specify): | | <input style="width: 100%;" type="text"/> | |
| Address | | | | |
| Tel (Landline) | | | Postcode | |
| Email | | | Tel (Mob) | |
| Website | | | | |

About your Business

| | | |
|-------------------------|----------------------------------|---------------|
| Energy | Construction & Building Services | Food & Drink |
| Engineering | Life Sciences | Tourism |
| Retail | Hospitality | Manufacturing |
| Other (please specify): | | |

How many people in total does your company employ (i.e. in all branches and subsidiaries)?

| | |
|------|------------------------------------------|
| FTEs | <input style="width: 80%;" type="text"/> |
|------|------------------------------------------|

What was your approximate annual wage bill in 2019-2020?

Please describe your business activity

How has the COVID-19 crisis impacted on your businesses trading activities?

Please describe how your organisation contributes to the local economy

What percentage of your sales are from outwith Ayrshire?

| | |
|---|----------------------|
| % | <input type="text"/> |
|---|----------------------|

Do you currently supply goods or services to South Ayrshire Council?

Yes No

Do you currently lease a property from South Ayrshire Council?

Yes No

What is the rateable value of your premises?

Approximately how many years has your business been trading?

If you are approved for this programme, we may be able to offer expert help for human resources. Would this support be useful to your business?

Yes No

Company Financial Information

Previous Financial Year Turnover

Financial Year End Date

Please submit a copy of your latest set of accounts with your application, along with management accounts for the current year. If you have not issued your first set of accounts, please submit your management accounts for the current year.

NOTE: Submitting annual and management accounts will help us to more quickly direct you to the most appropriate support. However, if you are unable to submit this information for any reason, please continue to submit the enquiry form.

Please complete the 12 month cashflow forecast template provided.

Impact of COVID-19 on your Business

How many employees are currently on furlough?

Full-Time Part-Time

Estimated % loss of monthly revenue due to COVID-19? %

Please tell us about your interruption to supply or service as a direct result of COVID-19

Have you received or applied for any of the following COVID-19 Government Schemes?

| | Applied | Received | Amount | Rejected |
|-------------------------------------------------------------|---------|----------|--------|----------|
| Non Domestic Rates Grant | | | | |
| Pivotal Enterprise Resilience Fund | | | | |
| Job Retention Scheme | | | | |
| Business Interruption Loan Scheme | | | | |
| Large Business Interruption Loan Scheme | | | | |
| Bounce Back Loan Scheme | | | | |
| Prince's Trust Grant (Enterprise Relief Fund) | | | | |
| Newly Self-Employed Hardship Fund | | | | |
| Creative or Tourism & Hospitality Enterprises Hardship Fund | | | | |
| Third Sector Resilience Fund | | | | |
| Any other support | | | | |

DECLARATION (to be completed and signed by Authorised Signatory)

I confirm my organisation was not in financial distress prior to 17th March 2020

I confirm I intend to continue trading for the foreseeable future

I confirm that all the information contained in this application form is correct and understand that if this is found not to be so at any later stage any grant award will be cancelled and my organisation will immediately repay any monies that may have been paid with regard to this application. In such an event my organisation will be totally responsible for the payment of any fees due

I declare that any support I receive through this programme will not take the organisation over the De Minimis State Aid limit. This limit restricts public funding to a single recipient over a 3 year fiscal period to a maximum of £800,000. I acknowledge that it is the responsibility of my organisation to ensure state aid compliance

(Further information on State Aid compliance can be found at www.stateaidscotland.gov.uk)

By signing this application I agree to the terms and conditions stipulated by South Ayrshire Council and have been provided with the appropriate guidance relating to this funding application.

Authorised Signature: Date:.....

Job Title:.....

Organisation:.....

For BACS Payments please provide Company Bank Details:

Organisation Account Name

Sort code: - -

Account No:

Please return completed form to: **Economy & Regeneration** Tel: **01292 616349**
 Email: COVID19.SEP@south-ayrshire.gov.uk

This section is for official use only

| | | |
|--------------------------------------------------|-----|----|
| Application form completed and signed | Yes | No |
| One year cashflow | Yes | No |
| Business Bank Account details completed | Yes | No |
| Confirmation of UTR/Companies House Registration | Yes | No |
| Annual accounts + current management accounts | Yes | No |

This organisation has been assessed by:

Advisor Name:.....

Date:.....