**APPLICATION FORM**

**EXPERT HELP (UKSPF)**

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| **ABOUT THE EXPERT HELP**  |
| **If you are unsure of your eligibility or how to complete this application form please contact Business Gateway Argyll and Bute before submitting an application.** This project is funded by the UK Government through the UK Shared Prosperity Fund [UK Shared Prosperity Fund: prospectus - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/uk-shared-prosperity-fund-prospectus) |
| **ELIGIBILITY** |
| **Please answer the following questions:**

| **YES or NO** | **Please answer Yes or No to the following questions:** |
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|       | **My business is based in Argyll and Bute**  |
|       | **My business is micro or small sized** (fewer than 50 employees and less than €10m turnover or balance sheet total of less than €10m) |
|       | **My business is actively trading**  |
|       | **My business provides employment for me (or a member of staff) equivalent to the current Real Living Wage or above,** OR has clear potential to do so within 12 months |

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If your answer is “No” to any of these questions you are not eligible to apply for this programme. Please contact Business Gateway Argyll and Bute to discuss alternatives.

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| **1. APPLICANT INFORMATION** |
| **Full Name** |       |
| **Position in the business** (owner, director, manager) |       |
| **Date of Birth** |       |
| **Home Address** |       |
| **Postcode** |       |  |  |
| **Telephone Number** |       | **Mobile Number** |       |
| **Email** |       |
| **Are you registered for Council Tax at this address?** | [ ]  Yes [ ]  No |
| **Council Tax reference number**(Please enter your 10 digit Council Tax number for the premises as shown on your bill, starting with 500) |       |

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| **2. BUSINESS INFORMATION** |
| **Business Name** (include legal name and trading name if different) |       |
| **Business Address**(if different to personal) |       |
| **Postcode** |       |
| **Start date** (when active trading started) |       |
| **Full-time or part-time**Part-time businesses operating fewer than 16 hours per week are not eligible to apply | [ ]  Full-time (operating 35 + hours per week) [ ]  Part-time (operating 16-34 hours per week)  |
| **Website** or social media links |       |
| **Legal structure e.g. sole trader, limited company etc.** |       |
| **Company Number** (where applicable) |       |
| **Is the business VAT registered?** | [ ]  Yes [ ]  No |
| **Name and address of other Partners or Directors** (if any) |       |
| **Non-domestic rates reference if applicable** (Please enter your NDR number for the business premises as shown on your bill, prefixed with the numbers 17 or 37)  |       |
| **Please provide an overview of the business, including:** |

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| **Your products/services**  |       |
| **Your key markets and customers** |       |
| **Your main competitors** |       |
| **Your business development opportunities** e.g. increased turnover, improved profit, increased efficiency, greater sustainability and job creation etc. |       |

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| **Business projections**  |
|  | **Current year (Actuals)** | **+ Year 1:** | **+ Year 2:** | **+ Year 3:** |
| **Number of employees** **(Full-time equivalent, including yourself)** |  |  |  |  |
| **Total Annual Turnover** | **£** | **£** | **£** | **£** |

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| **3. TYPE OF EXPERT HELP** |
| The aim of this expert help is to support a range of business development objectives including improvements in productivity, competitiveness, skills, growth, sustainability, resilience, profitability, innovation or net zero transition. **You must be able to demonstrate a need for the support and specify what you hope it will achieve.** |
| **What type of Expert Help support are you applying for?** Choose **ONE** **only** from the following: * [ ]  HR [ ]  Digital (including digital marketing) [ ]  Marketing
* [ ]  PR [ ]  Business Strategy (Growth & Resilience) [ ]  Tendering and Supply Chains
* [ ]  Finance and funding [ ]  Internationalisation
 |
| **What business opportunities or challenges would you like the specialist advisor to assist with?**        |
| **What are the 3 top priorities you would like to focus on during the session?**1       |
| 2       |
| 3       |
| **Is there any other relevant information that would be helpful for the specialist adviser to know?**      |
| **Where did you hear about this support?** |

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| **5. SUPPORTING DOCUMENTATION**  |
| Please attach images or digital copies of the following to your email when you submit this application form. If you are applying for financial or growth strategy expert help you will be asked for additional financial information after you submit this application, including a cash flow forecast and recent profit and loss statement. Business Gateway can help you create these if you do not have them.  | **Ready to attach?** Yes/No/Submitted |
| **Proof of identity**  | Valid passport OR driving licence (including provisional licence). If you do not have either of these, non-photographic evidence such as a copy of an original Birth Certificate or a National Insurance Card can be provided. |       |
| **Latest accounts** | Your latest accounts or, if sole trader, section SA302 from your latest Self-Assessment tax return. |       |
| **Proof of business status** | Either your Certificate of Incorporation or an HMRC document showing your Unique Taxpayer Reference number or VAT Registration number. |       |

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| **6. PREVIOUS PUBLIC SECTOR SUPPORT** |
| Have you received any public sector funding from UK, Scottish, Local Government and/or any other publicly funded body over the last 3 years, including any funding received under the de minimis aid regulation, COVID-related business grant support or Minimum Financial Assistance?[ ]  Yes [ ]  No |
| If yes please detail the support received below. |

| **Date of Assistance** | **Provider** | **Title of Project or Scheme** | **Grant, Loan or other** | **Amount Awarded**  |
| --- | --- | --- | --- | --- |
|       |       |       |       | **£**       or €       |
|       |       |       |       | **£**       or €       |
|       |       |       |       | **£**       or €       |
|       |       |       |       | **£**       or €       |

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| 7. DEC**LARATION** |
| I declare that I have completed this form accurately to the best of my knowledge. I am applying in the full knowledge that the purpose of this expert help is to provide support to developing businesses based in Argyll and Bute. I confirm that: * I am authorised to make this application on behalf of the business and the business is based in this Local Authority area.
* I have read, understood and agree to abide by the Terms and Conditions of the Expert Help .
* My business is not connected to a tax haven.

Name (print):      Signature:       Date:      *Electronic signatures are acceptable* |

**To submit your application, please email this fully completed form, with all the required supporting documents, to** **business.grants@argyll-bute.gov.uk**