Salisbury Business Support – Emergency Funding Claim Form

1. **Background Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of business |  | | |
| Name & position of applicant |  | | |
| Address of business (including post code) |  | | |
| Web address of business |  | | |
| Date company founded |  | | |
| Company Number |  | | |
| VAT Registration Number (if  applicable) |  | | |
| Name & Address for correspondence  (if different from business address) |  | | |
| Daytime telephone number |  | Mobile telephone number |  |
| Email address |  | | |
| Please describe the business services you provide |  | | |

1. **Business emergency information**

|  |  |
| --- | --- |
| Please describe how your business has been adversely effected by the Salisbury Incident on 4 March 2018 |  |

|  |  |
| --- | --- |
| Is your business covered by insurance? | Yes / No  If yes, with which insurance company? |
| What does your insurance cover? |  |
| Are you making an insurance claim? | Yes / No  If yes, what for? |

1. **What help does your business need?**

|  |  |
| --- | --- |
| I need help with an insurance claim | Yes / No  Detail |
| I need help with immediate costs | Yes / No What costs?  How much in £? |
| I need help with temporary business accommodation | Yes / No  How much space do you need?  What kind of space do you need? |
| I need help with staff costs | Yes / No  What costs specifically? Why?  How much in £? |
| I need help with marketing costs | Yes / No  What costs specifically? Why?  How much in £? |

|  |  |
| --- | --- |
| I need help with other business costs | Yes / No  What costs specifically? Why?  How much in £? |

|  |  |
| --- | --- |
| **Total Amount Requested – Section 3** | **£** |

1. **Capital Grant Funding (maximum of £5000)**

|  |  |
| --- | --- |
| I need help with refurbishing existing or new premises | Yes / No  What costs specifically? Why?  How much in £? |
| I need help with buying new equipment | Yes / No  What costs specifically? Why?  How much in £? |
| Other capital expenditure requirements | Yes / No  What costs specifically? Why?  How much in £? |

|  |  |
| --- | --- |
| **Total Amount Requested – Section 4** | **£** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your business applied for Hardship Rate Relief? | ***YES*** |  | ***NO*** |  |
| Have you applied for or received any other public sector funding in the past 3 years? | ***YES*** |  | ***NO*** |  |

1. **Terms and conditions – please check & tick boxes to confirm, and sign below:**

|  |  |
| --- | --- |
| I am authorised to make the application on behalf of the above business |  |
| I certify that the information provided in this application is correct, and I understand that if any information I have provided is later found to be false, Wiltshire Council and/or the Swindon &  Wiltshire Local Enterprise Partnership will recover any funding awarded |  |
| I give permission for Wiltshire Council and Swindon & Wiltshire Local Enterprise Partnership to record the information in this form electronically and share it with the Department of  Business, Energy and Industrial Strategy. |  |
| I understand that I may be asked to participate in publicity and evaluation activities related to  any funding awarded |  |
| Tick to receive email copy of sent form |  |
| I accept these as terms and conditions of this funding |  |
| I would like to be registered with the Swindon & Wiltshire Growth Hub for further support  (if not already registered) |  |

SIGN: DATE:

**Position in the business:**

Business Bank Account Details

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Bank Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |