



# Business Grant Scheme

## Application Form

*Funded by*



**Stockton-on-Tees**

BOROUGH COUNCIL

# Application Form

## Business Details

**Business Name:** .....

**Business Address:** .....

.....

..... **Post Code:** .....

**Contact Name:** ..... **Tel. No:** .....

**Mobile Phone:** ..... **Fax. No:** .....

**E-mail Address:** ..... **Web Site:** .....

**Business Start Date:** ..... **Business Status:** .....  
(Ltd.Co./SoleTrader/Ptnr)

**Business Activities:** .....

..... **No. of Employees:** .....

**Business Owners / Directors - Please state names and addresses, including post code & telephone no: - (If address less than two years, please give previous one too.)**

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**Do the owners / directors or the company have any association with any other business? YES / NO**

If yes, please indicate the nature of this association including the name and address.

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Are you being advised by The Five Lamps, Stockton International Family Centre, or through the Start-Up Service from Business Link? (This could be Walker Hall or Inbiz) They should be able to check your eligibility for this scheme and assist you with it too.

Please state which one here .....



**Supporting documentation required with applications:**

1. Business Plan with detail on each aspect of the business
2. Projected Cash Flow Forecast with Profit & Loss for next 12 months
3. Recent Management / Trading Accounts (if trading)
4. Quotations for each item of the Project Costs
5. \* Appendix 1 for Create Your Own Job applications only

**Declaration & Authorisation** (Please tick all boxes that apply)

- I agree to provide any other information that may be deemed necessary for assessment of this application for funding.
- I authorise you to make any enquiries deemed necessary for due diligence/credit assessment.
- I agree that information in relation to this application can be supplied to the HSBC Bank if a loan is being applied for.

**N.B: No expenditure against project items can be incurred until a grant offer has been made & the acceptance form has been returned to S.B.C.**

**SIGNED:** ..... **DATE:** .....

**NAME (Please print):** .....

**POSITION IN COMPANY:** .....

**In order monitor the effectiveness of our schemes please complete the following.**

<b>Gender</b>	Male	Female	
<b>Age</b>	Under 30	30-50 years	Over 50 years

**Learning Difficulties/disabilities**

Do you consider yourself to have a health condition, disability or any learning difficulties?  
 Yes  No

**Ethnicity**

Asian/Asian British – Bangladeshi	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Asian/Asian British – Indian	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>
Asian/Asian British – Pakistani	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>
Asian/Asian British – Other Asian background	<input type="checkbox"/>	Mixed – Other Mixed background	<input type="checkbox"/>
Black/Black British – African	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Black/Black British –Caribbean	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Black/Black British –Other Black background	<input type="checkbox"/>	White – Other White background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
		Not known/not prepared to say	<input type="checkbox"/>

**Please return completed application to: -**

**BUSINESS DEVELOPMENT TEAM, STOCKTON-ON-TEES BOROUGH COUNCIL  
 P.O. BOX 34, MUNICIPAL BUILDINGS, STOCKTON-ON-TEES. TS18 1LE  
 TEL: 01642 – 528384 FAX: 01642 – 526027  
 E-mail: business.enquiries@stockton.gov.uk**

**NB: Please ensure that the supporting documents accompany the application.**

**Appendix 1**

**NB: For 'CREATE YOUR OWN JOB' applications only -**

**Please complete the following: - NB: All information is dealt with confidentially, but it does help to process your application and to evaluate the usefulness of our schemes.**

Your age  years                      Male                       Female

**Employment Status**

Employed     Under Threat of Redundancy     Unemployed

Length of Unemployment if applicable

0-6 months     7-12 months     13-24 months     2-3 years   
3 years+

**Benefit Status**

JSA     Income Support     Incapacity Benefits     None

**Do you require help towards either of the following as part of this application?**

Training fees

Feasibility Study/Market Research

**1) Specific Training for Your Business:**

The course you wish to undertake .....

College or organisation providing the course .....

How much will the course cost? .....

How much are you contributing towards the fees?    £ .....

Please provide full details of the course and any qualification you will gain and explain how this will help you set up in business

**2) Feasibility Studies / Market Research**

Please provide details on an attachment of the planned study/ research including:

**The Aim**

- a) What the study / research involves
- b) Timescale
- c) Target market (including size)
- d) Target Geographical Area

**NB: How results will be analysed?**

If an organisation is undertaking your study/research please attach contact details and quotations.

Total cost of study / research                      £ ..... (Please provide quotes)

Total amount required from this fund                      £ .....