**East Suffolk Youth Enterprise Grant Scheme
For help with this application please see your project leader at Suffolk New College or East Coast College**

1. **Organisation Details**

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Name and position held at organisation:**  |  |
| **Address for correspondence: *(please include the postcode)*** |  |
| **If registered charity, please state number** |  |
| **If registered as a company e.g. Community Interest Company or Limited By Guarantee, please state number:** |  |
| **Email:** |  |
| **Tel. No.** |  |
| **Website** |  |

**1a. What type of organisation are you, please use the tick boxes below:**

☐Community, voluntary or business group

☐Community Interest Company (CIC)/Social Enterprise

☐Registered Charity

☐Community Interest Organisation (CIO)

☐Charitable Company Limited by Guarantee

☐Local Branch of a National Organisation

☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Sole Trader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1b. Does your organisation have all relevant policies and procedures in place? Please tick**

**those which are applicable to your organisation/this project:**

Constitution/set of rules/ Yes [ ]  No [ ]

business plan Yes [ ]  No [ ]

Child Protection Policy Yes [ ]  No [ ]  Not applicable [ ]

Adults at risk of harm Yes [ ]  No [ ]  Not applicable [ ]

Health & Safety Policy Yes [ ]  No [ ]  Not applicable [ ]

Equal Opportunities Policy Yes [ ]  No [ ]
DBS Policy/Process Yes [ ]  No [ ]  Not applicable [ ]

Covid / Risk AssessmentYes [ ]  No [ ]  Not applicable [ ]

***Evidence of all Policies listed above will be required with your application (this can be a weblink)***

Which of the following types of insurance cover does the organisation hold? *Please tick the appropriate boxes.**It is recommended that Public Liability insurance cover is a minimum of £5 million (for events we require £10 million)*

Public Liability Yes [ ]  No [ ]  Not applicable [ ]

Employers Liability Yes [ ]  No [ ]  Not applicable [ ]

Professional Indemnity Yes [ ]  No [ ]  Not applicable [ ]

Other (please specify) Yes [ ]  No [ ]  Not applicable [ ]

1. **Grant Request Details**

|  |  |
| --- | --- |
| **Grant request description (no more than 500 words)****Please include:*** *What you intend to do*
* *How you intend to do it*
* *How the* ***need*** *for the grant was identified*
 |  |
| **Project outputs and outcomes** * Please tick the relevant outputs and outcomes and provide figures against them

*You will be provided with a monitoring report from East Suffolk Council to capture outputs and how these have been achieved.* |

|  |  |
| --- | --- |
| **Outputs** | **State numerical figure** |
| [ ]  Jobs created because of the grant support   |  |
| [ ]  Increased business sustainability because of the support  |  |
| [ ]  Introducing new products to the market because of the support  |  |
| [ ]  Adapting to new to the firm technology because of the support  |  |
| [ ]  Improved business productivity because of the support  |  |
| [x]  Engagement in new markets because of the support  |  |

 |
| **Project/enterprise start date** |  |
| **Project/enterprise end date** |  |

1. **Project Costs / Budgets**

|  |  |
| --- | --- |
| **How much funding are you applying for from this scheme?*****Please note that the grant threshold is between £250 to £500*** | £ |
| **Total project costs** | £ |
| **Project/enterprise costs breakdown – please provide a breakdown of the project costs** |

|  |  |  |
| --- | --- | --- |
| **Description** | **Capital**  | **£** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| **Have you already secured match funding for the project/enterprise or are you waiting for confirmation of other sources of funding this project?** |  Yes [ ]  No [ ] *If Yes, who from and how much:**If No, how will any funding gap be resolved:* |
| **How will this project/enterprise be sustained after the funding grant has been spent (if appropriate)?** *For example, if you are applying for funding towards an event that will take place annually, how you will fund this the following year?* |  |

1. **Communication & Engagement**

|  |  |
| --- | --- |
| **How and when will the project/enterprise be promoted?*****Please note that if your application is successful all publicity materials must include the East Suffolk Council logo. The logo will be supplied within the grant acceptance form.*** |  |

1. **Submission Checklist - Before you submit this application, please ensure you have checked the following:**

|  |  |
| --- | --- |
| **Description** | **Y/N** |
| Have you read the guidance before submitting? |  |
| Have you got in place, ready to submit with application, any relevant policy documents? |  |
| Have you costed your project for just for 12 months (even if the overall project is longer)? |  |
| Have you made sure your project costs are eligible and can be funded (please see guidance document) |  |
| Have you ensured that your application fits with the priorities of this fund? |  |
| Have you clearly demonstrated the need and demand for the project? |  |

1. **Applicant Declarations**

The information you have supplied is being collected for East Suffolk Council to process your application for the East Suffolk High Street Events, Arts and Culture Grant Scheme in accordance with the grant scheme guidance. If you do not provide your consent, East Suffolk Council will not be able to process your application.

Your Information will not be used for any other purpose unless East Suffolk Council obtains your consent or unless permitted by law.

Due to corporate retention requirements for financial information relating to this scheme, information relating to this application will be retained for 7 years. You can request that your information is deleted at any time.

Data will be processed and held securely and in accordance with the UK General Data Protection Regulations and the Data Protection Act 2018 (and any updates).

Further information about data protection and the full Economic Development Team privacy notice can be found on the East Suffolk Website:

[https://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Economic-Development-and-Regeneration-Privacy-Notice.pdf](https://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Economic-Development-and-Regeneration-Privacy-Notice.pdf%C2%A0%C2%A0%C2%A0%C2%A0)

I confirm that:

* I have the authority to represent the organisation making this grant application.
* All information provided in this application form is correct and complete to the best of my knowledge.
* I confirm I am not withholding any information that would be likely to affect the outcome of the application.
* I shall inform East Suffolk Council if, prior to any grant funding being awarded, I become aware of any further information which might reasonably be considered as relevant in deciding whether to fund the grant application.
* I have informed all individuals whose personal data has been included in this application or supporting paperwork that their information has been collected and shared, and I have advised them of the relevant East Suffolk Council Privacy Notices.
* I understand that without prior reference to me the information given in this application may be submitted for checking against records held by East Suffolk Council or other organisations (such as government departments, other agencies, local authorities and the police) for the purposes of assessing my eligibility for grant funding or for the purposes of the prevention and detection of crime.
* I understand that where checks against other departments or organisations are made and discrepancies are identified, the Council may provide details of this application to those departments and organisations, and this may result in changes being made to those external records.
* I understand that data recorded by or on behalf of East Suffolk Council is subject to the Freedom of Information Act 2000, including information provided in relation to grant applications.

|  |  |
| --- | --- |
| **Signature:** ***Enter your name in the box only if you agree to be bound by the terms set out in this form. We will treat this as your signature on the form*.**  |    |
| **Name:**  |   |
| **Position within the Organisation:** ***Please note that this should be someone with legal and financial responsibility.***  |   |
| **Date:**  |   |

1. **Subsidy Control (formally State Aid)**

The EU State aid rules no longer apply to subsidies granted in the UK following the end of the transition period, which ended on 31 December 2020. This does not impact the limited circumstances in which State aid rules still apply under the Withdrawal Agreement, specifically Article 10 of the Northern Ireland Protocol. The United Kingdom remains bound by its international commitments, including subsidy obligations set out in the Trade and Cooperation Agreement (TCA) with the EU.

East Suffolk Council will be providing this grant to the business / organisation as a Minimum Financial Assistance (MFA) subsidy under the Subsidy Control Act (2022).

MFA subsidy limit is £315,000 over a three-year period (including your current financial year and the previous two financial years).

|  |  |
| --- | --- |
| **Subsidies and State Aid** Has your business, or any other company in your group received, in the last three years, or are currently applying for, any grants or Subsidies/State Aid including: de minimis aid received under the State aid rules pursuant to Commission Regulation (EU) No 1407/2013; Commission Regulation (EU) No 360/2012; MFA received under section 36 of the Subsidy Control Act 2022; services of public economic interest assistance received under section 38 of the Subsidy Control Act 2022; and subsidies (which may have been described as “small amounts of financial assistance” or “SAFA”) received under article 364(4) or 365(3) the EU-UK Trade and Cooperation Agreement? If *Yes*, please provide details below. *You may be asked to be provide copies of the agreements.*   | YES / NO  |
| **Date of application/award**   | **Name of provider**   | **Amount awarded/applied for**   | **Reason for or purpose of payment**   | **Regulations:** **de minimis aid received under the State aid rules pursuant to Commission Regulation (EU) No 1407/2013;****de minimis aid for services of general economic interest** **received under the State aid rules pursuant to Commission Regulation (EU) No 360/2012;****MFA received under section 36 of the Subsidy Control Act 2022;** **services of public economic interest assistance received under section 38 of the Subsidy Control Act 2022; and****subsidies (which may have been described as “small amounts of financial assistance” or “SAFA”) received under article 364(4) or 365(3) the EU-UK Trade and Cooperation Agreement.** |
|    |    |    |    |    |
|    |    |    |    |    |
|    |    |    |    |    |
|    |    |    |    |    |
|    |    |    |    |    |
|    |    |    |    |    |
|    |    |    |    |    |

**Please sign below to confirm that the MFA threshold has not and will not be exceeded by the enterprise receiving the proposed assistance.**

|  |  |
| --- | --- |
|   **Full Name:**   |    |
|   **Signature:**   |   *(****Enter your name in the box only if you agree to be bound by the terms set out in this form. We will treat this as your signature on the form*.***)*   |
|   **Date:**   |    |

1. **Scheme Promotion**

Your information will be publicly available as part of this application process for example your information may be used for promotion and publication of press articles or for publicly available end project evaluations.

By signing below, you acknowledge that your information will go into the public domain, and you are consenting to this.

You understand that whether consenting or not consenting to this will not affect your application process.

|  |  |
| --- | --- |
|  **Full Name:**  |   |
|  **Signature:**  |  *(****Enter your name in the box only if you agree to be bound by the terms set out in this form. We will treat this as your signature on the form*.***)*  |
|  **Date:**  |   |