**Business Support Grant Information Checklist**

**Please read the checklist to identify the information you need to provide with your application.**

**Important: This grant cannot be used to pay for the general running of your business, this includes stock, consumables and bills.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Questions** | **Yes** | **No** |
|  | Have you completed all the required sections of the application form? |  |  |
|  | Have you provided all required personal/ business, contact and bank account details and double checked to ensure they are accurate? |  |  |
|  | Have you provided an overview why the grant is needed and detailed the impact a successful grant application will have on your current business/ new start up? *Any supporting information that does not fit on the form can be provided in a word document.* |  |  |
|  | Have you provided quotes, screenshots, or links, which are preferrable, for the items in your application? You must include a size, colour, VAT and delivery charges. |  |  |
|  | Can you confirm that the quotes match up to the expenditure items in Section 3 of the application form? |  |  |
|  | If you are a start-up business, do you have a Business Plan and Cash Flow Forecast produced as part of the grant application process? |  |  |
|  | Have you signed and dated your grant application form? |  |  |

Once you have confirmed all the above, you are now ready to submit your grant application.

To submit electronically please send the completed grant application form, quotes and supporting information/ documentation to [grants@moncf.co.uk](mailto:grants@moncf.co.uk)

**Or**  
To submit hard copies in person or via post, please enclose the completed grant application form, quotes and supporting information/ documentation in an envelope and return to:

Mon CF  
63 Market Street  
Holyhead  
LL65 1UN

We wish you the best of luck with you application. If you have any concerns, are unable to complete the form electronically or print out the application form/ guidance please contact our reception on 01407 762004 who will be able to print out a copy for you.

**Business Support Grant**

This is a discretionary grant provided by Môn Communities Forward (Môn CF) to provide assistance for individual businesses operating on the Isle of Anglesey. The purpose of this grant is to enable new businesses to be established or existing enterprises to be supported. This grant is an addition to business support offered either by Môn CF or partner agencies. The support offered is aimed specifically at businesses which operate on the Isle of Anglesey.

By completing this form, you are acknowledging that you have read, understood and accepted the accompanying Guidance Notes and Privacy Statement that is available on Môn CF’s website. Round 2 application forms will be available to access from the 12th of April 2022 – closing dates to be determined dependant on funding levels. However, if funds are used up before this date, the scheme will close.

**Section 1 – Information About you**

Full Name (including title): Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Post Code: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Contact Telephone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

We need to understand why you require financial assistance via the grant. If you are applying on behalf of a company, please state in what capacity you are completing this form

Do you consider yourself to be (please tick all that apply):

Male  Female  Other  Prefer not to say

Disabled  of Black, Asian and Minority Ethnicity

Are you a/an:

* Limited Company
* Established Business/ Sole Trader/ Self Employed
* Individual looking to set up a new business

If you are an established business, self-employed or limited company, what is your Unique Tax Reference number (UTR)/limited company number?

Click or tap here to enter text.

Are you registered to pay VAT? YES  NO

Please outline the current circumstances of your business or proposed new venture and why you are applying for a grant?

Click or tap here to enter text.

**Section 2 – Information about your proposed business or your current business**

Proposed name or current name of your business: Click or tap here to enter text.

Business Type: Click or tap here to enter text.

Proposed start date (if new venture): Click or tap here to enter text.

**Section 3 – Funding**

*(Please let us know what you want the grant for, what you intend to spend the money on and how this will help you to start up or to improve your business.)*

How much are you looking to apply for? Click or tap here to enter text.

What do you intend to use the grant for?

|  |  |  |
| --- | --- | --- |
| Expenditure Item | Cost (£) | Reason why this is needed |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| Total | - |  |

Which method of payment for the items would you require:  
  
Mon CF to purchase on my behalf   
  
I will be able to purchase and claim back upon providing proof of payment

Can you confirm that you have the funds to pay any extra cost, if applicable, towards the cost of the items listed above, as the grant can only fund £1,000 per single item and up to £2000 in total?

YES  NO

Do you intend to employ any staff? YES  NO  If YES, how many: -

|  |  |  |
| --- | --- | --- |
| Job Title | Salary (£) | Hours of work |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |

**Impact of Grant**

(*Please let us know what impact the grant would have and what difference this would make to help you with your business)*

Click or tap here to enter text.

**Other Funds**

(*Please confirm if you have any other sources of finance in place to start or develop your business? e.g., help from family, loans, grants, bursaries, investment. If you don’t have access to other funds, please state NONE below)*

|  |  |  |
| --- | --- | --- |
| Funding source | Amount (£) | Date |
| - | - | - |
| - | - | - |

**Section 4 - Bank Account Details**

|  |  |
| --- | --- |
| **Bank Name** | Click or tap here to enter text. |
| **Account Holder Name** | Click or tap here to enter text. |
| **Account Number** | Click or tap here to enter text. |
| **Sort Code** | Click or tap here to enter text. |

Have you ever been declared bankrupt? YES  NO

Do you have any County Court Judgements? YES  NO

If you answered YES, please give details -

This Discretionary Grant is being delivered in accordance with Article 3.2(4) of the UK-EU Trade and Cooperation Agreement, which allows beneficiaries to receive aid of approximately £335.000 over a 3-year period. Have you received any subsidy (as defined in the UK-EU Trade and Cooperation Agreement including De Minimis) such as De Minimis and or UK ‘Small Amounts of Financial Assistance’ during the previous 3 fiscal years (i.e., current fiscal year and the previous two fiscal years)? YES  NO

If YES, please provide details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Body providing the assistance/aid | Type of assistance/aid | Value of assistance/aid (£) | Date of assistance/aid |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |

I wish to apply for a Business Support Grant. I confirm that I have read and accept the Guidance Notes (including the Terms and Conditions) that accompany this form.

* I confirm that I am at least 16 years of age
* I confirm that my business is based on the Isle of Anglesey
* I confirm the grant will only be used to cover costs outlined above
* I declare that I have no other (or limited) resources of funds, am unable to access any other business support funds, or can only secure part funding to support with the establishment or development of the business

I acknowledge that Môn CF and its appointed agent may:

* Undertake any appropriate checks considered necessary to assess the application
* Take the opportunity to share my details and those of my business as a case study for publicity purposes
* Check the nature and impact of the Grant in the future

I declare that the information provided in this application is true and accurate, to the best of my knowledge, and that the giving of false information may result in action by Môn CF or its funding partners against the signatory for the recovery of the Grant.

By signing below, I confirm that I have read and accept the above declaration

Applicant Signature: Enter signature or initials

Date: Click or tap here to enter text.

Full Name: Click or tap here to enter text.