# **TEST VALLEY RURAL ENGLAND PROSPERITY FUNDS**

**Application Form for Business Grants**

To help you complete this form, please refer to the REPF guidance provided here: [www.testvalley.gov.uk/businessrepf](http://www.testvalley.gov.uk/businessrepf)

Please complete all questions (type into the yellow highlighted boxes).

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| 1. **CONTACT DETAILS** |

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| **Contact Details** | |
| Contact Name |  |
| Job Title |  |
| Email |  |
| Telephone |  |

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| 1. **BUSINESS DETAILS** |

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| Business name |  |
| Business website |  |
| Business address |  |
| Business postcode |  |
| Project location and address (if different from above) |  |
| Business bank account name |  |
| Bank name |  |
| Sort code |  |
| Account number |  |
| VAT registration number (if registered) |  |

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| **Business Size (please mark with x)** | |
| Micro (fewer than 10 employees, annual turnover under €2 million, balance sheet under €2 million) |  |
| Small (fewer than 50 employees, annual turnover under €10 million, balance sheet under €10 million) |  |
| Medium (fewer than 250 employees, annual turnover under €50 million, balance sheet under €43 million) |  |
| Large (any of 250 or more employees, annual turnover over €50 million, balance sheet over €43 million) |  |

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| **Business Type (please mark with x)** | |
| Sole Trader |  |
| Partnership |  |
| Limited Liability Partnership |  |
| Limited Company |  |
| Community Interest Company |  |
| Other – please specify |  |

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| **Business sector** |
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| **Registered charity status** | |
| Is the business a registered charity? | Yes / No |
| If applicable, please give the registered charity number |  |

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| **Briefly describe the work / purpose of the business** |
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| 1. **PROJECT DETAILS** |

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| **Please provide a clear concise project name that we can use in future correspondence** |
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| **Please confirm which priority your project is meeting (mark with x)** | |
| Small Scale Investment in Micro and Small Enterprises |  |
| Development and Promotion of the Visitor Economy |  |
| Growing the Local Social Economy and Supporting Innovation |  |

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| **Please describe your project, including details of what you will spend the grant on, how you will do it and who will benefit (max 300 words)** |
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| **If this project is one phase of a larger project, please give details of the phase and the larger project** |
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| **Rural England Prosperity Fund achievement of strategic objectives** | |
| **Please explain how your project fits to REPF objectives.** *We expect funded businesses to develop new products and facilities that will be of wider benefit to the local economy (max 200 words)* | |
| **Please explain why the project is needed, attaching evidence if available** (max 200 words) | |
| **Please outline why your project requires public funding and what would happen if you did not receive it (eg to viability, scope or timescale of the project)** | |
| **Impact: Please forecast the expected outputs and outcomes that your project will achieve.** *You are not expected to forecast something for every line, but your forecasts will contribute to the scoring of your project’s impact. If your application is successful, you will be required to report against and provide evidence for your outputs and outcomes as the project progresses* | |
| Estimated number of jobs created |  |
| Estimated number of jobs safeguarded (at risk within 6 months without the project) |  |
| Will the project create a new enterprise? | Yes / No |
| Will the project introduce new technology or processes to your business? | Yes / No |
| Will the project improve productivity? | Yes / No |
| Will the project enable you to engage in new markets? | Yes / No |
| Will the project create or improve a tourism, culture or heritage asset? | Yes / No |
| Other or further detail | |

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| 1. **PROJECTS COSTS AND FINANCIALS** |

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| **Total Project Cost** | |
| Total Project Cost |  |
| Capital Funding Request from the Test Valley REPF.  *Funding is capped at 50% of total costs* |  |
| Match Funding  *Match funding must be a minimum of 50% of total costs* |  |
| Source(s) and value of match funding |  |
| Is the match funding confirmed? | Yes / No |

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| **Project Cost Breakdown (please attach quotes)** | | |
| **Please detail each element of your project.** *Costs should be ex-VAT if the business is VAT registered; gross costs are acceptable if the business is not VAT registered. Add more lines if required* | | |
| Element | Cost | Contractor/supplier |
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| If you have not selected the cheapest quote for any element, please explain why | | |

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| **Describe the potential for the project to unlock future investment** |
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| 1. **PROJECT DELIVERY** |

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| **Project timeline** | |
| Project start date  *Please be aware we cannot fund anything that is purchased prior to the Grant Funding Agreement* |  |
| Project end date  *All funding has to be spent by* ***20 March 2026*** |  |

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| **Set out in the table below the high-level milestones and any interdependencies.** *Add new lines as required* | | |
| **Key Milestone** | **Description** | **Target Date** |
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| Interdependencies | | |

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| **Consents, permissions and processes** | |
| Do you have all the required permissions and processes in place to carry out your project? | Yes / No / NA |
| *Please list any consents, policies and risk assessments as relevant to the project. These might relate for example to Planning, Environmental Health or Health and Safety* | |

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| **Outline any significant risks that you foresee with the project and how you will manage them** |
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| **Please explain how the project will be led and managed** |
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| **Please explain how the project will be monitored and evaluated.** *Successful applicants will be asked for quarterly reports* |
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| **Please outline the previous relevant experience of the applicants.** *Attach evidence if required* |
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| **Please describe any engagement or collaboration with other rural partners** |
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| **Please explain if / how the project contributes to net zero, nature recovery or environmental sustainability** |
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| 1. **ELIGIBILITY CHECKS** |

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| **Tenure on land and buildings** |  |
| Does the project involve improvements to land, or improvement to or erection of buildings? | Yes / No |
| Is the site for the project owned by you or leased? | Owned / leased / neither |
| If leased, when does the lease expire? *We normally expect a minimum of 5 years if the project improves land or erects or improves buildings*. Please upload your lease agreement. |  |
| If leased, has the landlord given written permission for the project where it affects their land or buildings? | Yes / No / NA |
| Provide further details if necessary | |

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| **Have you received or do you expect to receive any of the following DEFRA grants towards this project?** | |
| Farming in Protected Landscape | Yes / No |
| Farming Investment Fund | Yes / No |
| Platinum Jubilee Village Hall Improvement Grant Fund | Yes / No |
| Other | |

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| **Subsidy Control** | |
| *Businesses are not eligible for REPF funding if receipt of the requested REPF grant from the Council will exceed the Minimum Financial Assistance (MFA) threshold for the business as specified in section 36(1) of the Subsidy Control Act (2022). The total amount of 'Minimum Financial Assistance' (MFA) received over a rolling period of three fiscal years should not exceed £315,000 per business including the total amount of MFA received over the relevant period of three fiscal years across all businesses at company group level (including the grant you are applying for).* | |
| Please detail any public funding you have received in the past 3 years (rolling). Include amount received and funding body |  |
| Please mark with x to confirm that you have not breached the MFA threshold for the business as specified in section 36(1) of the Subsidy Control Act (2022) |  |

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| **Please confirm the following (mark with x)** |  |
| The business is not in arrears with TVBC and I understand this will be checked |  |
| The business is not subject to any enforcement order for a breach of planning regulations and I understand this will be checked. |  |
| The project relates only to capital funding |  |
| Funding will not be used for domestic property improvements or the purchase of private vehicles |  |
| The project is located in a rural area as determined by [DEFRA's Magic Map](https://magic.defra.gov.uk/MagicMap.html) |  |
| The project has not received funding from another DEFRA scheme |  |
| The business has secured any necessary permissions or consents |  |
| There is no statutory duty to undertake the project |  |
| The business is trading and is not in financial difficulty |  |
| The business holds Third-Party Liability insurance and, if applicable, Employers’ Liability Insurance |  |
| I have checked that the preferred contractor(s) for any works holds appropriate insurance |  |
| The business has child protection and adult safeguarding policies where children or vulnerable adults are involved. |  |
| Minimum procurement procedures have been met in providing quotes (see section 8 of the Guidance) |  |
| None of the expenditure described has already been incurred |  |
| Match funding for 50% of the total project cost has been or is in the process of being secured |  |
| The project will not radicalise or encourage people into terrorism |  |
| Please provide further information, if needed, on any of the above | |

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| 1. **APPLICATION SUBMISSION CHECKLIST** | |
| Recent business bank account statement | Yes / No |
| Recent accounts or self-assessment return | Yes / No |
| Valid quotes for proposed expenditure | Yes / No |
| Landlord confirmation of permission to undertake the project, if applicable | Yes / No / NA |
| A copy of your current lease, if applicable | Yes / No / NA |
| Child protection and safeguarding policies if applicable | Yes / No / NA |
| Any additional evidence to support your application | Yes / No / NA |

I declare that to the best of my knowledge the information I have provided on this application form is correct and the grant will be used for the purpose stated on this form. I understand that if I have knowingly provided a false statement, this application will be void and I may be subject to prosecution.

By checking this box, you are signing this form electronically. In doing so you confirm that your electronic signature is the legal equivalent of your manual signature on this form.

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| Check box |  |

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| Name of signatory |  |
| Position of signatory |  |
| Date of signature |  |

The information collected on this form will only be used for:

* Processing this application.
* Providing you with information to support your business including the TVBC newsletter. You may unsubscribe from this at any point via the link at the bottom of the newsletter.

Your personal information will be used only for the purposes of assessing your application or providing you with information to support your business, and will not be transferred outside of the European Economic Area. Should you decide you do not wish to receive the TVBC newsletter, you can unsubscribe by clicking the unsubscribe option at the bottom of the newsletter.  Information on the Council’s use of your data can be found here: [GDPR Privacy Statement | Test Valley Borough Council](https://www.testvalley.gov.uk/aboutyourcouncil/accesstoinformation/gdpr/gdpr-policy).