

Salisbury/Amesbury 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			

2. Business emergency information

<p>Please describe how your business has been adversely effected by the Salisbury Incident on 4 March 2018 and/or developments in Amesbury w/c 2 July 2018</p>	
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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?

3. 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 business planning (cash flow, forecasting, budgeting, debt management etc.)	Yes / No What kind of advice do you need? Do you want to make an appointment to see a Business Advisor? Yes / No
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 Estimated Trading Loss to date – Section 3	£
Details of Trading/Figures provided with this application?	Yes / No

4. 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	£
Details/Quotes provided with this application?	Yes / No

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	

5. 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	

Office Use Only

Approved Revenue? Date	Y / N / NA	Approved Rate Relief? Date	Y / N / NA
Total	£	FB60? Date	Y / N / NA

Approved Capital? Date	Y / N / NA	Vendor Form? Date	Y / N / NA
Total	£	Logged?	Y / N