Enterprise Renewal

A LEADER project providing mentoring and financial support, helping enterprises innovate in Rural North East Wales and recover from Covid-19

# **EXPRESSION OF INTEREST FORM (EOI)**

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| This form allows enterprises to express their interest in applying for grant funding towards the costs of introducing new products or processes. Guidance notes on the scheme and completing the form are available. All documentation is also available in Welsh. Due to the small-scale of the support available, this scheme is best suited to micro-businesses and new small business start-ups. Before proceeding, the applicant should seek advice from the Enterprise Renewal Project Coordinator. Contact: Enterprise Renewal Coordinator Email: EnterpriseRenewal@barsbyassociates.com Tel: 07921 787 668Completed Expression of Interest Forms should be either emailed or posted.Post: ENTERPRISE RENEWAL, Cadwyn Clwyd, Llys Owain, Bridge Street, Corwen, Denbighshire LL21 0AHEmail: EnterpriseRenewal@barsbyassociates.com |

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| 1.APPLICANT DETAILS  |
| Business Name: |
| Registered Business Address: Postcode: | **Home Address of Main Applicant:** **Postcode:** |
| Correspondence address | Yes [ ]  | No [ ]  | Correspondence address | Yes [ ]  | No [ ]  |
| If the registered business address is not in the eligible rural area please explain here and provide the address and postcode of the operating address: |
| Applicants Full Name: | **Position in Business:** |
| Telephone Numbers | Landline: | Mobile: |
| Email Address: |  |
| Website: |  |
| Social Media | Facebook**:** | Twitter: |
| Instagram: | Other: |

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| 2.BUSINESS DETAILS |
| Business Start Date: |
| Business Status | Limited Company |[ ]  Company number: |
|  | Partnership |[ ]  Name(s) of partner(s): |
|  | Sole Trader |[ ]   |
|  | Cooperative |[ ]   |
|  | Social Enterprise |[ ]   |
|  | Other |[ ]  Specify:  |
| VAT Registered? |  Yes [ ]  No [ ]   | VAT Registration Number: |
| Total Number of Employees including Owner (current, permanent staff): |
| Full Time: |  | Part Time: |  |
| Is the business part of a larger group? Yes [ ]  No [ ]   | (If ‘YES’ please give details): |
| Nature of the BusinessPlease provide details below of what products and/or services you sell, what sector you are in: |
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| 3. FINANCIAL INFORMATION  |
|  | Previous Year |
| Turnover | £ |
| Gross Profit | £ |
| Net Profit | £ |
| Balance Sheet Total | £ |

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| 4.PROJECT DETAILS |
| Project timescales (project cannot have already begun and end date cannot be later than 31/12/22) |
| Start date: |  | Completion date: |  |
| Innovation |
| What are the new products and/or new processes you are looking to introduce with the help of this grant? Explain how the items you will purchase with the grant and how these enable you to introduce the new products and/or processes. How are they new and innovative? How will they change your business? |
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| 5.PROJECT FINANCE |
| Please provide a summary of the proposed expenditure and quotations for the project below (less than £4,999 = 1 quote, more than £4,999 = 3 quotes required). Figures should exclude VAT if you are VAT registered.  |
|  | Item to be purchased | Cost |
| 1. |  | £ |
| 2. |  | £ |
| 3. |  | £ |
| 4. |  | £ |
| 5. |  | £ |
| 6. |  | £ |
| 7. |  | £ |
| 8. |  | £ |
| 9. |  | £ |
| 10. |  | £ |

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| 6.SUPPORTING INFORMATION |
| European Funding Industrial De Minimis Aid RulesAll grants are classed as Industrial de minimis Aid, in compliance with [Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1407&from=EN). The applicant is responsible for ensuring that the total de minimis aid and SAFE support awarded to the enterprise does not exceed a total ceiling of €200,000 in any three-year rolling fiscal period. De minimis aid includes not only grant but also assistance such as free or subsidised consultancy services, marketing advice etc. All other de minimis aid and ‘Small Amounts of Funding Exemption’ (SAFE) support must be included. Other names under which SAFE Support has been awarded include: ‘Special Drawing Rights (SDR); ‘Small Amounts of Financial Assistance’ (SAFA); ‘Minimal Financial Assistance’ (MiFA); and UK de minimis. |
| Will the receipt of this grant cause you to exceed the Industrial De Minimis ceiling of €200,000 in any three-year rolling fiscal period?  |  |

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| 7.DECLARATION – I declare that I have the authority to submit this Expression of Interest on behalf of the named enterprise and that the information provided is correct |
| Company Name: |
| Full Name (block capitals): | **Position in Company:** |
| Applicant’s Signature: | **Date:** |

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| Business Wales Referral – I agree to have the data and personal information I have provided shared with Business Wales and for Business Wales to contact me to provide advice and progress this Expression of Interest to application stage | Yes [ ]  | No [ ]  |

**Cadwyn Clwyd treats data privacy very seriously and complies with all aspects of the UK's data protection legislative framework, which includes the European General Data Protection Regulation (GDPR) and the UK's own legislation.  You can view our privacy policy here** [**http://cadwynclwyd.co.uk/wp-content/uploads/Cadwyn-Clwyd-Privacy-Policy.pdf**](http://cadwynclwyd.co.uk/wp-content/uploads/Cadwyn-Clwyd-Privacy-Policy.pdf) **which explains how we safeguard your personal rights.**

