North West Leicestershire Rural Business Grant Fund



- i) Please read this application, eligibility criteria, guidance notes and other information provided on **www.nwleics.gov.uk/businessgrants** prior to completing this document.
- ii) You will be asked to provide a number of supplementary documents to support your application. We suggest that you begin the process of gathering these documents together as soon as possible in order to avoid delay in determining your application.
- iii) The North West Leicestershire Rural Business Grant Fund cannot be used to support projects that have received funding from other DEFRA schemes. This includes 'Farming in Protected Landscapes Programme', 'Farming Investment Fund', 'Farming Equipment and Technology Fund', the 'Farming Transformation Fund', the 'Platinum Jubilee Village Hall Improvement Grant Fund' or any other DEFRA funded programmes for direct farming activities including contractors that carries out an agricultural or horticultural as a service.
- * indicates that this field must be completed

1. Company details

Company name *			
Trading name*			
Address of registered of	office:		
Postcode*			
Building name			
Street			
District			
Town*			
County			
Main contact: The main contact at the	company that all correspondence regarding this	application shall be addressed to	
Title*		Telephone number*	
First name*		Email*	
Surname*		Company website address*	
Position*		How did you hear about North West	

Grant Fund?

2. Further details Please use this section to specify how your project will meet the eligibility of the grant. This section can also be used to specify any further information to support your application. Company type* Limited Liability Company Sole trader Franchise Partnership Limited Liability Partnership Other **Business Business sector / SIC*** description* **Company Number /** VAT number (if **National Insurance** applicable)* Number * **Company date** Turnover (last year)* established* **Current Bank*** Total number of employees (FTE) Address of project - (if different from registered office) **Postcode Building name** Street District Town County 3. Proposal **Describe precisely** 1. What your business does? (100 words max)* 2. What you will use the grant for (are you negotiating the purchase? Where will you be procuring the goods / services from)? (100 words max)*

m would you like art the project?* many jobs Id this project		envisa being How r	would you ge these jobs created?* nany jobs would roject safeguard, if		
e, if any?* inance s section please provide t match funding.	the full cost of your proj	any?		for. All projects require	a mini
		(Patruson \$1,000 a	24 (25 000)		
unt of grant applying for	£	(Between £1,000 a			
n funding from you project cost	£	(Minimum of 50%)			
se state			Amount £		7
			£		
			£		
			£		
			Total £		
e tick this box to confirm cts that have received fur ramme', 'Farming Investm', the 'Platinum Jubilee Ving activities including conditional benefit of the describe the benefit of the principles, nature recoidly principles, nature recoids.	nding from other DEFR/ nent Fund', 'Farming Eq illage Hall Improvemen ntractors that carries of itS this project to North We	A schemes. This inclu Juipment and Techn t Grant Fund' or any ut an agricultural or	des 'Farming in Protect ology Fund', the 'Farmi other DEFRA funded pi horticultural as a servic	ted Landscapes ng Transformation rogrammes for direct ee.	
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are any pote	ential risks to the	project:					
dy Control the level of Su	ubsidy Control reco	eived by the company	including this a	grant applic	ation, excee	d £315,00	00 within the past three years?
Yes	No						
_ ase give deta	ils and amount c	f any public funding	your compan	y has rece	ved over th	e past th	nree years
ne						Amount	
						£	
						£	
						£	
						£	
						£	
						£	
						£	
					Total	£	
	ike to start this p	roject? Please note tl and expected end da		_	st be claim	ed no lat	er than 31 January 2025.
L	ease outline each	of the key stages of f			cruitment o	f all iobs	
		s provided above.	, ,	-		,	
rt date	Description					End da	te
ease state the	names of the cor	ntacts involved in thi	s project and	their relev	ant skills		
	names of the cor	ntacts involved in this	s project and	their relev Position	ant skills		Qualification / experienc
			is project and		ant skills		Qualification / experienc
			is project and		ant skills		Qualification / experience
			is project and		ant skills		Qualification / experience

7. Project premises
Do you own or lease the premises?* Own Lease
If leased, when will the current lease end? If leased, please provide a signed copy of your lease with your application
If owned, please provide a signed copy of the Register of Title or Title deed with your application
Will this project require planning permission?*
If Yes, has a planning application been submitted?* Yes No
If Yes, what is the planning reference number given?
Has planning permission been granted?
Will this project require any further consents such as Building Control approval?
8. Business plan
Short description of the business opportunity* Please also provide a copy of your full business plan.
9. Bank details
Please ensure that you have entered the correct details before submitting this form.
Bank name*
Bank account number*
Bank sort code*
* Please provide bank statements for the business account listed above, we will not be able to process your grant without this

Rural Business Grant Fund

information.

10. Submission

Supporting material

In support of your application, we will need to review the following documentation which can be submitted as an email to **businessgrowthgrants@nwleicestershire.gov.uk**

We will need this information prior to considering your application:

Business bank statement for the last six months*	Yes	No 🗌
Business plan*	Yes	No
Two years financial accounts and balance sheets*	Yes	No 🗌
Cashflow forecast for two years*	Yes	No 🗌
Lease agreement or registered title (signed and recently dated)*	Yes	No 🗌
Planning decision notice for building projects	Yes	No 🗌
Three quotes for eligible items of £5,000 or greater	Yes	No 🗌
Evidence of match funding*	Yes	No 🗌
11. Confirmation of finance		
This will be the basis of your grant agreement should your application be appropried by quotes.	oved. Please ensure your p	roject costs are
Total project cost* £		
Amount of grant applying for*		
Match funding* £		
Have you provided evidence of match Yes No		

12. Signature of applicant

I agree that the information contained in this application is true and accurate to the best of my knowledge and acknowledge that this information will form part of an agreement with North West Leicestershire District Council should this application be successful. I also declare that under the de-minimus Subsidy Control that our company has not received more than £315,000 in grant funding including this application in the previous three years.

Signature		Date	
Position			

By submitting this application you consent to the council verifying your information against other records it holds (for example, business rates records) to secure the effective financial management of the council. Where you are an individual or individuals, please note that the council is the data controller for the purposes of the Data Protection Act 2018 (the "Act") and the information in this form will be used for the purposes of assessing your application and cross-checking with other information the council holds relating to you, in accordance with the provisions of the Act.