 

**COLLABORATE – “*Growing business together”***

**SME ENROLMENT FORM**

**SECTION 1 - CONTACT & BUSINESS DETAILS**

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| **Section 1 – Contact & Business Details** |
| Title: |  |
| Forename:  |  |
| Surname:  |  |
| Position: |  |
| Email: |  |
| Telephone number: |  |
| Business name:  |  |
| Business Address: |  |
| Postcode: |  |
| Website: |  |
| Legal Status of the business: |  |
| Date trading started: |  |
|  Business Reg. No. /HMRC No if sole trader) | Please note this is now a mandatory field, so we require to ensure the details are completed. |
| VAT No: |  |
| No. of Employees: |  |
| Turnover (last financial year): |  |
| Local Authority Business Rates paid to:  |  |
| What Sector are you in? |  |
| SIC Code : |  |
| Business Description (What product or service do you sell and to whom?) |  |
| What support are you looking for? |  |

**SECTION 2 - SME ELIGIBILTY DECLARATION**

Support via the Collaborate Business Growth scheme can only be accessed by small to medium size enterprises (SME) as defined by the European Commission - you can read guidance of what constitutes an SME here. <http://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition/index_en.htm>

Please consider the following four eligibility criteria:

* We employ fewer than 250 people or volunteers
* We have a turnover of less than €50M and/or have a balance sheet of less than €43M
* We have received less than €200k in public grants in the last 3 years
* We do not have more than 25% of the organisation owned by an enterprise that in itself is not an SME.

If you cannot answer YES to any of the above questions your organisation will not be eligible to apply.

I confirm that I am applying as a SME which meets the eligibility criteria (please tick) 

**SECTION 3 - EQUAL OPPORTUNITIES**

It is a requirement of Public Funding that monitoring is undertaken for Equal Opportunities purposes. Please confirm the majority ownership of your business by ticking one option from each group below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disability** |  | **Gender** |  | **Age** |  | **Ethnicity** |   |
| Yes  |   | Male  |   | 16-24  |   | Mixed  |   |
| No  |   | Female  |   | 25-29  |   | Multiple Ethnic Groups  |   |
| Prefer not to say |   | Prefer not to say |   | 30-34 |   | White |  |
|   |   |   |   | 35-39  |   | Asian |   |
|   |   |   |   | 40-44 |   | Asian British |   |
|   |   |   |   | 45-49 |   | Black |   |
|   |   |   |   | 50-54 |   | African |   |
|   |   |   |   | 55-59 |   | Caribbean |   |
|   |   |   |   | 60-64 |   | Black British |   |
|   |   |   |   | 65+ |   | Other Ethnic Group |   |
|   |   |   |   | Prefer not to say |   | Prefer not to say |   |

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| **SECTION 4 - DATA PROTECTION** |
| **The information provided will be logged and held only in line with Data Protection Act - for details please click the link**[**http://www.leicester.gov.uk/your-council/how-we-work/data-protection-and-foia/how-we-use-information-about-you/**](http://www.leicester.gov.uk/your-council/how-we-work/data-protection-and-foia/how-we-use-information-about-you/)*Note: this data is being captured as part of the collaborate project, funded by the European Regional Development Fund (ERDF) and in partnership with Leicester City Council, East Midlands Chamber, Leicestershire County Council and Food & Drink Forum.*  |

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| **SECTION 5 - Information Alerts** |
| *Please tick this box if you DO NOT wish to receive additional information / newsletters / invites for various events from City Council or its partners.* ☐ |

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| **SECTION 6 - Case studies** |
| Case studies will be undertaken in respect of the support provided and your organisation may be requested to participate accordingly. |

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| **SECTION 7 – DE MINIMIS DECLARATION** |
| In order to avoid public funding distorting competition within the European Common Market, the European Commission regulates the levels of assistance which the public sector can provide to businesses (“the State Aid rules”). You should note carefully the requirements needed to comply with the European State Aid rules and if need be, refer to the relevant legislation. <https://www.gov.uk/government/publications/european-structural-and-investment-funds-state-aid-documents>The assistance for Collaborate Business Support constitutes State Aid as defined under Articles 107 and 108 of the Treaty on the Functioning of the European Union of Rome and is being granted as ‘de minimis’ aid under Commission Regulation (EU) No1407/2013, European Commission rules prohibits any undertaking from receiving more than €200,000 euros (approximately £147,000) ‘de minimis’ aid over a rolling three-year period.This exemption enables a single undertaking to receive up to a limit of €200,000 of De Minimis aid from the Member State within which it does business and which provides the aid over any period of three fiscal years.I acknowledge receipt of notification from the Department of Communities and Local Government that it intends to grant De Minimis aid to [NAME OF BUSINESS] I confirm that the financial year of [NAME OF BUSINESS] runs from …….. to………… **Previously Recorded Funding** I further confirm that [NAME OF BUSINESS] has received the following De Minimis aid during this financial year [INSERT RELEVANT DATES] and the previous two fiscal years [INSERT RELEVANT DATES]):

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation providing the assistance/aid | Value of assistance (£) | Date of assistance | Nature of assistance |
|  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This project is funded under the De Minimis aid regulation (EU) No 1407/2013. The maximum value of business support to be received under this scheme is £1,500. This fixed sum shall be used for determining whether the relevant ceiling laid down in Article 3(2) during the previous two fiscal years and the current fiscal year has been reached. You will be sent a letter to confirm this once we have determined your eligibility to receive business support. Once all support has been granted under the scheme, we will inform you of the actual value of aid you have received for your records. I warrant that I am authorised to sign on behalf of [NAME OF BUSINESS] and I confirm that I understand the requirements of De Minimis (Commission Regulation (EU) No. 1407/2013). I acknowledge that if [NAME OF BUSINESS] fails to meet the eligibility requirements, [NAME OF BUSINESS] may become liable to repay the full value of the assistance provided. The information set out above is accurate for the purposes of the De Minimis exemption. **SIGNATURE: DATE:** **NAME:** **BUSINESS: POSITION:** **For Office Use Only (partner)** Evidence checklist:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the business based and / or trading in the Leicester / Leicestershire? |  | Yes | ☐ | No | ☐ |
|  |  |  |  |  |  |
| Are you satisfied that the business falls within the category of an SME? |  | Yes | ☐ | No | ☐ |
|  |  |  |  |  |  |
| Are you satisfied that the business has not received in excess of €200,000 of De Minimis aid in the last three years (€100,000 for undertakings involved in road transport)? |  | Yes | ☐ | No | ☐ |
|  |  |  |  |  |  |
| Are you satisfied that the business is not involved in any of the ineligible activities as listed in the ‘ERDF sector eligibility confirmation’ document? |  | Yes | ☐ | No | ☐ |

I certify that the information contained in this enrolment and confirmation of support form is correct to the best of my knowledge and I am satisfied that the business meets the eligibility criteria for assistance under the Collaborate Growing Business Together Project.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Position: |  |
|  |  |  |  |
| Print Name: |  | Date: |  |

**Verified by Collaborate Governance Team (Accountable body) and in Accordance with the SME Enrolment Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Position: |  |
|  |  |  |  |
| Print Name: |  | Date: |  |
|  |  |  |  |

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