

# COVID - 19 Business Resilience Fund

## Grant application form



*This grant scheme is to support SME's who have been impacted by the COVID-19 crisis. Its three key aims are to: 1) build business resilience, 2) strengthen growth, and 3) protect jobs. Please ensure that you are eligible for this grant scheme using the criteria below before completing your application. If you do not believe that you are eligible then go to <https://www.oxfordshirelep.com/coronavirus> to explore other support opportunities.*

### Eligibility Criteria:

You must be an SME, Sole trader, Social Enterprise or Charity?

**An SME is an organisation with:**

- Fewer than 250 employees (full time equivalent)

- A turnover less than €50 million and / or a balance sheet total less than €43 million. Parent and subsidiary companies need to be taken into account.

**Please see the COVID-19 Business Resilience Fund Terms and Conditions**

Your business must have been trading from a base in Oxfordshire for at least 1 year

If awarded, the grant will be used to build business resilience, strengthen growth and protect jobs.

You are not applying for a Grant to support staff costs which are **already being claimed** through the HM Government Job Retention Scheme.

The business was not an undertaking in difficulty on the 31st December 2019.

**Self Declaration** *Please sign to confirm that you meet the above eligibility criteria*

Signature

Please select the type (s) and amount of grant you are applying for:

**Revenue (£)**

**Capital (£)**

### Organisation Details

|  |   |  |  |
|--|---|--|--|
| Business name                              |   |  |  |
| Legal status                               |   | Business sector  |  |
| Company Registration No/<br>VAT No         | <i>(If a sole trader / partnership, provide your Unique Taxpayer Reference no.)</i> |  |  |
|  |   | Phone  |  |
| Your Name                                  |   | Position   |  |
| Email Address                              |   |  |  |
| Registered Company address (incl Postcode) |   | Trading Address (incl postode)<br><i>Leave blank if this is the same as the registered address</i> |  |

Tell us about your business

What is the history and background of the business, and how has COVID-19 had an impact? e.g. have you had to stop trading? How have you adapted? (Max 500 words)

Tell us what you will use the grant for

Please use this section to describe what you will use the grant funding for, and how it will help your business to diversify and grow over the next 6-12 months. Please describe how you will deliver against one or more of the three key aims of the grant scheme. If you are only allocated 70% of your grant(s), how would this affect your plans? (Max 500 words)

Please complete the following table to provide the grant panel with an overview of your financial position

|  | ACTUAL                   | PROJECTED                   |                | FORECAST            |                |
|--|--------------------------|-----------------------------|----------------|---------------------|----------------|
|  | Last full financial year | Full current financial year |                | Next financial year |                |
|  |                          | Without the grant           | With the grant | Without the grant   | With the grant |
| Date of financial year end                             |                          |                             |                |                     |                |
| Turnover (sales)                                       | £                        | £                           | £              | £                   | £              |
| Net profit (pre tax)                                   | £                        | £                           | £              | £                   | £              |
| Depreciation   | £                        | £                           | £              | £                   | £              |
| Employment costs                                       | £                        | £                           | £              | £                   | £              |
| No of employees & directors (full time equivalent)     |                          |                             |                |                     |                |
| Please provide the full names of all company directors |                          |                             |                |                     |                |

Have you received any state aid in the last three years? **(Yes/No)**  
 If yes, please send the details of support with your grant application.

Have you received or are you applying for a **grant** through another COVID-19 related HM Government Scheme? If so, which scheme, how much did you apply for / receive? and what will it be used for?

Do you anticipate being able to protect any jobs as a result of receiving a grant? If so, how many?

Do you anticipate being able to create any new jobs as a result of receiving a grant? If so, how many?

**Finally, please complete and sign below to authorise this grant funding application and to confirm that you have read and agree with the guidance and terms and conditions:**

|           |  |       |  |
|-----------|--|-------|--|
| Name:     |  | Sign: |  |
| Position: |  | Date: |  |