

Leicester Business Security Grant Scheme

Application Form



Leicester Business Security Grant Application Form

The Application Form is made up of Section A (to check eligibility), Section 1 (to find out more about you), Section 2 (to find out about what you want funding for), Section 3 (to find out about the grant amount and value for money) and finally Section 4 (Application Checklist). Please complete and submit the whole Application Form.

Company Name	
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GRN

Section A: Your eligibility for the fund

Question	Your response
A. Do you pay your business rates to Leicester City Council?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
B. Are you a Small or Medium sized Business, as defined by the questions below (please answer for all parts):	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
B1. have no more than 3 outlets?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
B2: have a total of fewer than 30 staff across all outlets?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
B3. Do you have a balance sheet of no more than £3.26m, or an annual turnover of less than £6.5m?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
C. Have you complied with all current HMRC, Companies House and/or other relevant regulator requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
D: Have you, or any of your staff, been convicted of age restricted sales offences?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
E. Have you secured (or applied for) all relevant permissions (eg. Planning, Landlord permission) to complete your works?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
F. Is your application for less than £1,500 of grant funding for capital equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

If you have answered 'Yes' to all of the questions A, B, C, E and F and 'No' to D, then you qualify please continue to apply for the fund. If you do not, then we advise you contact the East Midlands Chamber (Derbyshire, Nottinghamshire, Leicestershire) for guidance before proceeding with your application.

Compliance with the above criteria is not a guarantee of acceptance. The decision of the grant award panel is final and without prejudice.

If you are unsure about Planning Permission (Qu E) please contact your Local Authority.

NOTE: If your application is on behalf of a group of businesses please contact Andy Watterson at the Chamber on 0845 1085409 or email andy.watterson@emc-dnl.co.uk.

Section 1 – Details of your premises

1.1 Main contact details

Please provide details of the main contact for your application. We will contact this person to discuss the application in more detail should we need any further clarification.

Name of Applicant Organisation

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Name of main contact

Title		Forenames (in full)		Surname	
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Position or job title	
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Address for correspondence (including postcode)	
	Postcode

Phone number 1 (or textphone)	Email address (if applicable)
Phone number 2 (or textphone) if applicable	Fax number (if applicable)

1.2 Communication requirements

Please tell us if we should be aware of any particular communication needs your main contact has (e.g., large print, audiotape, Braille).

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1.3 Type of organisation

Please confirm the type of organisation, giving the registration number where appropriate (please complete all those that apply).

Type of organisation	Registration Number
Sole trader	
Partnership	
Private limited company (Ltd)	
Public limited company	
Registered charity	
Not-for-profit company	
Social enterprise	
Other (please specify)	

If you are VAT registered, what is your VAT Registration Number?

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1.4 About your business

Please tell us about your premises and nature of your business (this should include number of outlets, location of outlets, head office address – if different from section 1.1, number of Full Time or part time equivalent employees etc.) (maximum 150 words)

1.5 Bank account

Does your organisation have a bank account in the name of the company?

Yes

No

1.6 Business community and networks

Is your organisation part of any business or trade network or partnership such as business crime reduction partnerships, neighbourhood association or local chamber of commerce etc? If so, please list them.

Section 2

2.1 Location of premises

For which premises are you applying? Please list all of them that will benefit, up to a maximum of three outlets in line with the grant criteria.

Address	Post Code	Council Ward

2.2 Experience of crime

Have you been a victim of crime?

In the past 12 months:

Yes No

In the past 2 years:

Yes No

NOTE: Priority will be given to those affected by crime in the past 12 months.

Was this reported to the Police?

Yes No

2.3 The need for these purchases

How do you know there is a need for these purchases? If you have you been a victim of crime in the last three years, what was the crime and its effect on you and your business? (If more than one crime please list them all) (max 200 words).

2.4 What do you want funding for?

Please describe what items/equipment you wish to purchase and what you are trying to achieve with the funding. (maximum 350 words).

2.5 Previous work to reduce crime

Have you taken any measures to prevent crime in the past? Why do you think these purchases will reduce the occurrence of crime? (maximum 250 words)

2.6 Previous funding

Have you received direct funding to reduce crime in the past?

Yes No

Please give further details (When, what for and from whom):-

2.7a Planning permission

Have you obtained necessary statutory consents required to undertake this work?

	Obtained	Applied For	Not Required
Listed Building Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Regulations Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide more information:-

2.7b Landlord Permission

Do you have a landlord that would need to approve the installation of the equipment that you wish to purchase?

Yes No

Have you received permission to undertake this work from your Landlord?

Yes No n/a

2.8 Making your purchases

Please provide an expected timeline for making your purchases, recognising that all funding needs to be spent by 31st March 2016.

Planned start date .../.../... (dd/mm/yy)

Planned physical completion date .../.../... (dd/mm/yy)

Planned financial completion date .../.../... (dd/mm/yy)

Please provide further information:-

2.9 Impact on your shop/ retail outlet, the local area and/or community?

What do you believe the impact of the purchases will be on your shop(s)/ outlets and the local area and/or community? (maximum 250 words)

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2.10 Project themes

Which theme does your capital works directly link to?

Please tick all that apply.

Theme 1- Work that reduces the risk and occurrence of crime and/or anti-social behaviour through the installation of equipment within your premises e.g. alarms, grills, bolts, shutters etc.	<input type="checkbox"/>
Theme 2- Work that supplements existing crime/anti social behaviour prevention/reduction schemes to improve the business community in your area eg. work undertaken by a Business Crime Reduction Partnership.	<input type="checkbox"/>
Theme 3- External work that is visible, provides reassurance and builds confidence that area is safe e.g. purchase of equipment to support landscaping improvements, lighting, street lighting or CCTV cameras	<input type="checkbox"/>
Theme 4- Equipment to help small business work collectively and in partnership with the police and other agencies, eg. local authorities and fire & rescue e.g. purchase of radios/other equipment as part of a scheme.	<input type="checkbox"/>
Theme 5- Work that supports particularly vulnerable businesses eg. those in rural and minority communities where crime is a particular problem e.g. purchase of equipment in retail centres with specific community needs, or in rural locations or farm shops.	<input type="checkbox"/>
Theme 6- Work that reduces the risk and occurrence of cyber crime through the installation of hardware or software onto your IT system eg. Firewalls	<input type="checkbox"/>

Section 3 - Financial information

3.1 Shopping list

List the details and costings of items you propose to install (please enclose a copy of any quotations with your application*):

Equipment/ item	Manufacturer, Product Line	Proposed Supplier	Amount
<i>Shop Alarm</i>	<i>BELLS, AX 1234</i>	<i>AA Security, 123 Road, Town, City</i>	<i>£2000.00</i>
Insert more lines if required			
Total Budget for items			£

* We require a minimum of 3 quotations for each product being procured

3.2 Grant Funding

From the information you have provided in above, how much funding do you require to make your purchases? (We will fund up to 50% of the total budget up to a maximum grant amount of **£1,500**)

£

3.3 Other Funding

Please indicate below where you will get the remainder of the funding from? And how secure is that additional funding? (maximum 50 words)

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3.4 Value for Money

What steps have you taken to make the most of your funding and ensure best value for money? A minimum of three quotations is recommended (maximum 150 words)

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Section 4 - Finishing your application

4.1 Checklist

Please tick the following boxes to confirm that:

You meet the eligibility criteria set out in Section A	<input type="checkbox"/>
You have answered all of the questions in this application form (Sections 1, 2, 3 & 4)	<input type="checkbox"/>
You have signed the application form	<input type="checkbox"/>
You have sent only the information we have asked for and have not included any additional documents	<input type="checkbox"/>
You have printed and signed a hard copy of the application form including all Sections	<input type="checkbox"/>
You have included 3 quotes for the proposed works	<input type="checkbox"/>
You are aware that all funding needs to be spent by 31 st March 2016.	<input type="checkbox"/>

4.2 Declaration

- The information given in this form and the attached details are true and accurate to the best of my knowledge and no information has been deliberately withheld.
- I understand that any misleading statements, whether intentional or accidental, given at any stage during the application process, or any material information knowingly withheld, could render my application invalid and may require repayment of any grant.
- The business detailed herein is not engaged in any illegal or immoral activity.
- I understand that the acceptance of this application by East Midlands Chamber (Derbyshire, Nottinghamshire, Leicestershire) does not in any way signify that they have agreed the project is either eligible for or will receive grant aid.
- I have read and understood the criteria for this grant.
- I am aware that the Grant Payment will not include the VAT if you are VAT registered and should be recovered by your normal procedure
- I will notify East Midlands Chamber (Derbyshire, Nottinghamshire, Leicestershire) in writing of any changes in the details of this application and in particular the award of any further funding from other sources.
- Data Protection – information supplied may be shared with planning authorities.

I am applying for a grant of	£		
Please make cheque payable to:			
Signed		Date	
On behalf of (if signed by an agent)			

Approval for submission to Business Security Grant panel;			
Signed		Date	

PLEASE RETURN THE COMPLETED FORM TO:

Michael Rose at Michael.Rose@leicester.gov.uk OR

Trevor Mee at Trevor.Mee@leicester.gov.uk

Senior Economic Regeneration Officer (s)

City Hall

Leicester City Council

115 Charles Street

Leicester

LE1 1FZ

ADVICE IS ALSO AVAILABLE FROM :

Leicestershire Police

Al Cook (Crime Reduction Officer) - alan.cook@leicestershire.pnn.police.uk

Leicester City Council

Daxa Pancholi (Head of Community Safety & Protection) - daxa.pancholi@leicester.gov.uk