**APPLICATION FORM – FURLOUGH SUPPORT GRANT**

**Am I Eligible?**

The Scottish Government Furlough Support Grant provides businesses with grants of £1,650 to help meet the cost of re-furloughing staff by supporting the 20% employer’s contribution that they are required to pay under the current UK Government Job Retention Scheme.

This fund is open to businesses in the five health boards that had to close due to increased restrictions and covers the period from 9th October to 31st October. The Job Support Scheme goes live on 1st November and will not require an employer contribution to wages for businesses that are closed.

This fund will be delivered through local authorities from Friday 30th October.

Businesses who have already applied for the Coronavirus Restrictions (Closure) Fund will be contacted by their local authority to check if they are eligible for furlough support.

An award of £1,650 will be made for each of the business premises where at least one employee is furloughed.

To be eligible you must meet **all** of the following criteria.

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| **Yes/No** | **ELIGIBILITY CRITERIA** |
|  | My business is required by law to close under the Covid-19 brake restrictions for licensed premises (retailers and businesses that provide takeaway food as the core of their business are not eligible for this grant). |
|  | My business is located in one of the Ayrshire & Arran; Forth Valley; Greater Glasgow & Clyde; Lanarkshire or Lothian health board areas. |
|  | My business was trading on 9th October 2020. |
|  | I have a dedicated business bank account (you will be required to provide the account details as part of the application process and this is the account your grant will be paid into if successful). |
|  | My business premises are registered for Non-Domestic rates (if you pay rates through your landlord rather than directly to a Council, you are still eligible to apply but must provide evidence of this arrangement through copy of your lease agreement). |
|  | My business has not breached wider COVID regulations/requirements prior to the Covid Brake Restrictions being implemented on 9th October. |
|  | My business is not connected to a tax haven, as set out in the Coronavirus (Scotland) (No. 2) Act 2020. |
|  | My business is based/headquartered within the local authority to which I am submitting this application and the premises included in this application are located within that local authority area. |

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| **APPLICANT/BUSINESS DETAILS** | | | | | |
| **First Name:** |  | | **Last Name:** |  | |
| **Phone Number:** | |  | | | |
| **Email Address:** | |  | | | |
| **Legal Name of the Business:** | |  | | | |
| **Trading Name of the Business:** | |  | | | |
| **Company Registration No. (if applicable):** | |  | | | |
| **\*Business Address:** | |  | | | |
| **\*Business Postcode:** | |  | | | |
| **Nature of Business (e.g. Restaurant):** | |  | | | |
| **Rateable Value of Business Premises:** | |  | | | |
| You can look up your Rateable Value on the Scottish Assessors website - [www.saa.gov.uk](http://www.saa.gov.uk) | | | | | |
| **Are you registered as the Non-domestic Rates Account Holder for the above noted premises?** | | | | | Yes / No |
| If you answered no to the above questions, please upload a copy of your lease or other evidence that you are required to contribute to the Non-domestic Rates cost for the premises. | | | | | |
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| **Have you furloughed staff as a result of the recent Covid-19 brake restrictions?** | | | | | Yes / No |

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| **Yes/No** | **ELIGIBILITY CRITERIA** | |
|  | I commit to providing furloughed staff with a top up to their salary from the Furlough Top Up Grant, should this be awarded. | |
|  | I confirm that any COVID related support I have received from UK, Scottish and Local Government, combined with this grant, will not breach the 800k euros limit and that my business was not an undertaking in difficulty on 31 December 2019 (with exception of small and micro enterprises).  Here is the link to Guidance for Local Authorities which provides full details on this  -  <https://www.gov.scot/publications/coronavirus-covid-19-state-aid-public-authorities/> | |
| **Please list the full address for each eligible premises you are applying for** | |  |

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| **Supporting Documentation** | |
| Please upload at least TWO images or digital copies of the following mandatory evidence in support of your application for a Furlough Top Up Grant:   * A business bank account statement for the month of September 2020 that details a credit payment from HMRC for furlough payments. * A screenshot of your HMRC Coronavirus Job Retention ‘Furlough’ Scheme Account | |
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| **BUSINESS BANK ACCOUNT DETAILS**  **(No payments will be made to personal accounts.)** | |
| **Account Name:** |  |
| **Account Number:** |  |
| **Sort Code:** |  |
| **Bank Name and Branch Address:** |  |
| **Bank Statement Upload Field** |  |
| This is the account your grant will be paid into and must be in the name of the Business. Please upload a recent statement for this account, **clearly showing the account details (including account holder name, account number and sort code)** in order for us to verify these match the details provided on the application form. | |

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| **Supporting Documentation** |
| Please attach images or digital copies of one of the following in support of your application:   * **Company:** Certificate of Incorporation or Companies House registration number. * **Partnership:** Partnership agreement or HMRC registration. * **Sole Trader:** HMRC registration, Self-assessment documents or valid business insurance document. * **Trust:** Constitution documents, HMRC registration or VAT registration document. |

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| **DECLARATION** | | |
| I am applying in full knowledge that the purpose of this grant is to provide support to hospitality businesses; snooker/pool halls; indoor bowling venues; casino; bingo halls; and gyms who are unable to operate group classes.  I confirm that:   * I am authorised to make this application on behalf of the above business and that the business operates in this Local Authority area * My business was required by law to close under the Covid-19 brake restrictions for licensed premises (retailers and businesses that provide takeaway food as the core of their business are not eligible for this grant). * I understand that any payment received must be declared to HMRC as appropriate as part of the tax return for the business. * I confirm that I have considered the impact that any payment from the Fund may have on any insurance claim I may have made or be making. * I certify that the information provided in this application is correct and understand that if any information provided is later found to be false, repayment of funding may be required and depending on circumstances criminal proceedings might be instigated. | | |
| **I declare that I have completed this form accurately to the best of my knowledge.** | | Yes/No |
| **Name:** |  | |
| **Date:** |  | |

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| **CONTACT PREFERENCES** | | |
| Business Gateway provides a wide range of free support and advice to individuals looking to set up in business, and newly formed and existing businesses looking to grow and develop. | | |
| Please tick this box if you would like Business Gateway to contact you regarding other forms of support that may be available to your business. | |  |
| Preferred method of contact | Phone |  |
| Email |  |

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This short form Privacy Notice is provided for the purposes of the General Data Protection Regulation (GDPR) and is provided for all West Dunbartonshire Council services.

We will use your personal details (known as Personal Data) to provide you with the service(s) which you or someone else (with your consent) have asked us to provide as part of a contract or where we are under obligation to do so (public task or legal obligation). We will also use your personal details for purposes of crime prevention and crime detection and/or when required by law and will share it with other public bodies for that purpose.

**For a fuller description of how we handle your data please see our**[**Privacy Notice**](https://www.west-dunbarton.gov.uk/privacy/privacy-notice/)**.**