**Argyll and Bute Business Gateway**

**Local Growth Accelerator Programme**

**Registration Form – Growth & Recovery**

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| **ABOUT THE PROGRAMME** |
| **Argyll and Bute Business Gateway may be able to provide additional support to help your business through the Local Growth Accelerator Programme. This can include a range of specialist advice and grant funding.**  **Accessing support is a two stage process.**   1. First you need to **complete this registration form and meet with a Business Gateway adviser** to develop a growth action plan for your business. If eligible you will then be registered to the programme, for either Growth or Recovery support and will need to submit proof of I.D before you can apply for specialist advice or funding. Your adviser will help you identify the relevant support you could apply for under the Growth or Recovery elements of the programme. 2. You will then need to **complete an application form for each type of grant or specialist advice support**. Your adviser will provide the application forms and can help you prepare your application(s).   The information you provide will remain confidential within Business Gateway and will only be shared with selcted partners delivering a service on our behalf and for monitoring purposes. The Privacy Notice outlining how we will use your data can be viewed at: <https://www.argyll-bute.gov.uk/privacy/business-gateway-local-growth-accelerator-programme>.  The programme is part-funded by the European Regional Development Fund under the 2014-2020 Structural Funds Programmes.  Support from this programme can constitute State Aid. You will be advised in writing of when any support you are offered as part of this programme constitutes State Aid and the value of that aid. |
| **ELIGIBILITY** |
| To register for the Argyll and Bute Business Gateway Local Growth Accelerator Programme your business must be:   * **based in Argyll and Bute** * **micro, small or medium sized** (fewer than 250 employees and less than €50m turnover or balance sheet total of less than €43m) * **not Account Managed** by Highlands and Islands Enterprise or Scottish Enterprise * **not operating solely as a retailer**   **AND** must meet the following criteria for **EITHER Growth OR Recovery** support  **GROWTH:**   * **aiming to increase annual turnover by £50,000 or more within the next three years**; * actively trading for at least 3 months and able to evidence a viable\* business through accounts   **RECOVERY:**   * **aiming to increase annual turnover to pre-COVID levels or achieve modest growth (below £50,000 increase) within the next three years** * actively trading prior to 1 January 2020 and able to evidence a viable\* business through accounts   \*Viable normally means that the business is full time (or has clear potential to become so within 6 months) AND provides the business owner with profits equivalent to at least the current Scottish Living Wage (or has clear potential to do so within 12 months).  Please contact Business Gateway on 01546 604555 or your business adviser if you have any questions about your eligibility for this programme.  You will not be able to access either Growth or Recovery support from this programme if it is likely to have a significant negative impact on other Argyll and Bute based businesses. Generally this makes local services ineligible for support. No activity associated with business start-up can be assisted through either Growth or Recovery support. You cannot be registered to the programme if you have any debts owing to the Council and a check will be made when you submit your registration form.  **Your fully completed and signed registration form, with your latest accounts, should be sent to** [business.grants@argyll-bute.gov.uk](mailto:business.grants@argyll-bute.gov.uk). |

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| **1. BUSINESS INFORMATION** | | | | | | |
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| **Business Name** |  | | | | | |
| **Contact Name** |  | | | | **Date of Birth** | |
| **Contact Position** |  | | | | | |
| **Business Address** |  | | | | | |
|  |  | | | | | |
| **Postcode** |  | | | | | |
| **Telephone Number** |  | | **Mobile Number** | |  | |
| **Email** |  | | | | | |
| **Website** |  | | | | | |
| **Is the business an SME?** | (Fewer than 250 employees and less than €50m turnover or balance sheet total of less than €43m) | | | |  |  |
| **VAT Registered?** |  |  | **Industry Sector** | |  | |
| **Date Established** |  | | **Legal structure**  **(eg. sole trader, limited company)** | |  | |
|  |  | | **Limited Company Registration Number** | |  | |
| **Name of other Partners or Directors** (if any) |  | | |  | | |
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| **2. BUSINESS OVERVIEW** | |
| **Please provide an overview of the business, including:** | |
| **Your products/services** |  |
| **Your key markets and customers** |  |
| **Your main competitors** |  |
| **Your growth or recovery**  **opportunities** |  |
| **Your key challenges** |  |

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| **3.GROWTH POTENTIAL** | | | | |
|  | **Current year** | **Growth or recovery projections** | | |
|  |  | Year 1: | Year 2: | Year 3: |
| Employees (Full time equivalent) |  |  |  |  |
| Total Annual Turnover |  |  |  |  |
| Turnover from International Sales |  |  |  |  |
| UK Sales (outwith Argyll and Bute) |  |  |  |  |
| Annual turnover before COVID-19 impact  **Please submit your last accounts with this form** | |  | | |
| Number of employees (full time equivalent) before COVID-19 impact | |  | | |

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| **4. WHERE WOULD SUPPORT BE BENEFICIAL?** |
| **Please outline the type of support that you think could help develop your business.** |
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| **5. PREVIOUS PUBLIC SECTOR SUPPORT** |
| There are European Community rules governing the assistance which individual member states may give to businesses, known as State Aid. Most of the Business Gateway Local Growth Accelerator programme assistance operates under an element of the State Aid rules known as de minimis which allows member states to give small amounts of aid to businesses without notifying it to the European Commission in Brussels.  Under de minimis the maximum amount which can be given to any single business must not exceed €200,000 in the three year period prior to a grant being advanced. As the provider of this state aid Argyll and Bute Council’s Business Gateway must check that this limit is not exceeded when new aid is given.  If your business has received any other State aid in the past three calendar years it could be de minimis aid, notified aid (such as General Block Exemption Regulation) or a mixture of both. Argyll and Bute Council’s Business Gateway will need to check this to determine how much is de minimis and whether or not it will have any effect on the financial assistance you are applying for.  Please complete the table below listing any other State Aid received by your business in the past three years (or pending) and sign the declaration below. Argyll and Bute Council’s Business Gateway will then be able to check the de minimis position.  **If you have received no public sector support please enter “nil” – do not leave blank.**  Please continue on a separate sheet if necessary**. If you have received any COVID-19 support for your business you should check the State Aid value on any documentation and include this below.** |

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| **Date of Assistance** | **Provider** | **Title of Project or Scheme** | **Grant, Loan or other** | **Amount Awarded £** | **De minimis**  **Amount €** |
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| **DECLARATION to be completed by the business owner or a Director** |
| * “I confirm that the information I have provided is accurate and I am aware that the information may be shared with Business Gateway partners in order to provide us with appropriate support.” * “I understand that support from the Local Growth Accelerator Programme operated by Argyll and Bute Council’s Business Gateway is governed by the European Community rules on State Aid. I further understand that aid that exceeds the de minimis limit is illegal aid, which my business may be required to repay. I confirm that I have listed the total amount of all forms of aid received by my business in the past 3 years, or currently pending, and I acknowledge that Argyll and Bute Council’s Business Gateway will use this information to determine whether or not my application meets the conditions of the de minimis rule” * “I confirm that my business is not subject to collective insolvency procedure under national law, or in receipt of rescue or restructuring aid”   Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: |

**For office use only:**

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| Date received: |  |
| Applicant has met with an adviser | Yes/ No |
| Growth Action Plan approved | Yes/ No |
| Council debt check clear | Yes/No |
| Recovery or Growth registration | Recovery/Growth |
| Senior Development Officer approval |  |
| Registration accepted | Yes/No |
| Date registration accepted |  |
| BG LGAP Registration number (if eligible) |  |