**Gedling Borough Council**

**Discretionary Grant Application Checklist:**

|  |  |
| --- | --- |
| Applicants Name |  |
| Business Name |  |
| Contact Email |  |
| Grant Application Number |  |

**Please Note:**

* All evidence supplied must show your name or business name and address.
* Screen shots from mobile applications will not be accepted.
* Please ensure all your evidence is uploaded as PDF documents.
* This checklist must be completed and returned with your evidence.
* If either the above is not complied with or evidence is missing then your application may be rejected.

**LATEST APPROVED ANNUAL ACCOUNTS:**

|  |  |  |
| --- | --- | --- |
| Annual Accounts comprising of ALL of the following showing the latest and prior year: | Accounts Attached (Enter either ‘Yes’ or ‘No’) | Filename of the evidence attached |
| * Signed Statement |  |  |
| * Detailed Profit and Loss Account |
| * Detailed Balance Sheet |
| * Notes to the accounts |

**QUALIFYING BUSINESS:**

|  |  |
| --- | --- |
| Business Type | Enter an ‘x’ in ONE of the boxes below |
| **ONE of the following:** |  |
| **Small Business**   * Turnover of not more than £10.2 million * Balance sheet total not of more than £5.1 million * Number of employees: a headcount of staff of less than 50 |  |
| **Micro Business**   * Turnover of not more than £632,000 * Balance sheet total of not more than £316,000 * Number of employees: a headcount of staff of not more than 10 |  |

**PROPERTY COSTS:**

|  |  |  |
| --- | --- | --- |
| Evidence Required | Evidence Attached (Enter either ‘Yes’ or ‘No’ on every line) | Filename of the evidence attached |
| **ONE of the following:** |  |  |
| * A signed lease or licence agreement detailing the rent |  |  |
| * A mortgage statement |  |  |
| * Business rates account reference number (NNDR Demand) |  |  |
| **and ONE of the following:** |  |  |
| * A certificate signed by the business accountant, detailing the property charge within the business’ financial statements relating to 6 months prior to 31st May 2020 |  |  |
| * Full Self-Assessment Tax Return and insurance details separately identifying property costs for home based businesses (include % proportion for business) |  |  |

**INCOME LOSS:**

|  |  |  |
| --- | --- | --- |
| Evidence Required | Evidence Attached (Enter either ‘Yes’ or ‘No’ on every line) | Filename of the evidence attached |
| **If the business has been trading over 12 months:** |  |  |
| * Bank Statements covering 11 March 2020 through to 31 May 2020 highlighting the income entries |  |  |
| * Bank Statements covering 11 March 2019 through to 31 May 2019 highlighting the income entries |  |  |
| **or if business has been trading for fewer than 12 months:** |  |  |
| * Bank Statements covering 11 March 2020 through to 31 May 2020 highlighting the income entries |  |  |
| * Bank Statements covering all the trading months prior to 11 March 2020 highlighting the income entries |  |  |
| **or** |  |  |
| Certified documentation from your accountant or financial advisor confirming the figures |  |  |

**EVIDENCE OF TRADING:**

|  |  |  |  |
| --- | --- | --- | --- |
| Evidence Required to support Trading on 11th March 2020 | Business Reference | Evidence Attached (Enter either ‘Yes’ or ‘No’ on every line) | Filename of the evidence attached |
| **ONE of the following:** |  |  |  |
| For Companies, registration number with Companies House |  |  |  |
| For Charities, registration with the Charity Commissioner |  |  |  |
| For Sole Traders and Partnerships the Unique Taxpayer Reference (UTR) number from HMRC |  |  |  |
| For Market Traders, evidence of their Public Liability Insurance |  |  |  |

**BED and BREAKFAST Businesses Only:**

|  |  |  |
| --- | --- | --- |
| Evidence Required | Evidence Attached (Enter either ‘Yes’ or ‘No’ on every line) | Filename of the evidence attached |
| **ALL of the following:** |  |  |
| * Latest Council Tax Bill |  |  |
| * Planning Permission for change of use |  |  |
| * Fire Certificate obtained when setting up the Business |  |  |
| * Registration with Local Environmental Health Office for required property inspection |  |  |