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| Project Name: | Project Number: |

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| Section 1 – Applicant Details | |
| 1.1 Applicant Name: | |
| 1.2 Applicant Address:  Postcode: | |
| 1.3 Contact Details of person submitting the application | |
| Name |  |
| Position in company |  |
| Telephone: | Email: |
| 1.4 Company Number: |  |
| 1.5 VAT Registration Number: |  |
| 1.6 How many employees does your company employ: | |
| 1.7 Describe what the company does and what the company’s principal products and/or activities are: | |
| 1.8 What was the company’s turnover for the last financial year:  (NB Annual accounts are requested, or business plan for new starts) | |

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| Section 2 – Project Details | |
| 2.1 Give a brief description of the project, which clearly identifies:  *The main activities of the project (what is it the project will enable you to do that you cannot do now). What markets the project is seeking to exploit? Where the project will be located? Who will benefit from the project? How will the GSK funding be spent?* | |
| 2.2 Expected Start Date: | 2.3 Expected End Date: |
| 2.4 Project location address and postcode if different from 1.2 above |  |
| 2.5 Summarise the key characteristics of the market for the main product or service related to the proposed project. This should include but not be limited to the name and location of key competitors: | |
| 2.6 Are you or will you be supplying a growing market within the UK? Please evidence/provide your rationale: | |
| 2.7 What demand has been identified for the project? What market research has been done? | |
| 2.8 What are the project objectives, how will you measure achievement and when expected:  (these should be Specific, Measurable, Achievable, Realistic, Time-bound [SMART]. | |

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| Section 3 – Project Benefits | | | | | | | | |
| 3.1 Why is support under the GSK Enterprise Fund required and why the  What would happen without GSK investment?  Explain why the amount is the minimum necessary to deliver the project? | | | | | | | | |
| 3.2 Set out the impact of the project | | | | Cumulative Forecast | | | | |
|  | Number | Salary Average | NVQ Level | 2019 | 2020 | 2021 | 2022 | 2023 |
| Direct Jobs Created\*  (Full time = 30+ hours) |  |  |  |  |  |  |  |  |
| Direct Jobs Safeguarded\*  (Full time = 30+ hours) |  |  |  |  |  |  |  |  |
| 3.3 Estimate the wider economic benefits that the project is expected to deliver, e.g. improvements in supply chain (indirect jobs) or environmental improvements, and provide a brief explanation for the estimates: | | | | | | | | | |
| *\*If part time jobs, please pro rata jobs i.e. add the number of hours of each employee ÷ 30 hrs*  *Jobs created – people need to be in post for at least 3 years*  *For the jobs/created forecast should show the cumulative number for each year*  *Jobs safeguarded means a job which the company would lose within 12 months from the date which the company would receive an offer of GSK support. (Confirmation in writing will be required).* | | | | | | | | | |

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| Section 4 – Project Costs | | | |
| 4.1. What are the estimated total costs and breakdown of the project? Amend items as appropriate:  Capital:  Construction:  Plant/ Equipment:  Professional fees:  Other (please specify):  Revenue:  Research and Development:  Training:  Consultancy:  Other (please specify):  Total: | | | |
| 4.2 What work has been undertaken to inform the project costs and ensure they are accurate and realistic: | | | |
| 4.3 Please indicate the main sources of funding and the estimated programme of expenditure & for each identified funder please confirm the current level of commitment and identify any specific conditions attached to this funding: | | | |
| Funder | Amount | Level of commitment (status) | Specific conditions |
| GSK Enterprise Fund |  |  |  |
| Private Match  (give funder names) |  |  |  |
| Public Match: |  |  |  |
| Total: |  |  |  |

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| Section 5 – Project Management |
| 5.1 Who will be responsible for managing this project? |
| 5.2 Set out the key milestones in the project from this point forward to completion, e.g. securing planning permission, land ownership, equipment purchase, recruitment:   |  |  | | --- | --- | | Milestone | Date achieved/to be achieved | |  |  | |  |  | |  |  | |  |  | |  |  | |
| Section 6 – Risk Assessment: |
| 6.1 Please identify and detail the main technical and financial risks to the project together with the proposed mitigation strategies (e.g. supplier delay, cost overrun, planning permission):   |  |  |  |  | | --- | --- | --- | --- | | Risk | Likelihood  H/M/L | Impact  H/M/L | Mitigation | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| Section 7 Planning and Land Issues |
| Please detail in full the planning status for the project and provide information about the achievement of any necessary planning consents.  If the project does not require planning permission, please provide confirmation of this.  Please provide details of land ownership and demonstrate you have a legal interest in the site. |

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| Essential Attachments | | |
| Please tick if attached:  Last 3 years Audited Accounts and up to date management accounts (if applicable)  Group accounts and group structure chart (if applicable)  Evidence of match funding  Evidence of planning status/ land status (if applicable)  Business plan (if applicable) | | |
| PART 9 DECLARATIONS AND UNDERSTANDING | |
| Has any director/partner ever been disqualified from being a company director under the Company Directors Disqualification Act (1986) or ever been the proprietor, partner or director of a business that has been subject to an investigation (completed, current or pending) undertaken under the Companies, Financial Services or Banking Acts? **YES / NO** | |
| Has any director/partner ever been bankrupt or subject to an arrangement with creditors or ever been the proprietor, partner or director of a business subject to any formal insolvency procedure such as receivership, liquidation, or administration, or subject to an arrangement with its creditors. **YES / NO** | |
| Has any director/partner ever been the proprietor, partner or director of a business that has been requested to repay a grant under any government scheme? **YES / NO** | |
| *If your answer is “yes” to any of these questions please, please give details on a separate sheet of paper of the person(s) and business(es) and details of the circumstances. This does not necessarily affect your chances of being awarded grant.* | |
| Please confirm that your business complies with statutory wage requirements. **YES/NO** | |
| Please confirm that your business complies with statutory equality requirements. **YES/NO** | |
| Please confirm that your business complies with statutory health and safety  requirements. **YES/NO** | |
| I understand and am content that information supplied here and in any subsequent application and monitoring will be stored electronically and in hard copy and shared in confidence with the Chamber and the GSK Enterprise Fund Grant Panel who may be involved in considering the application and with GSK as the funder. Information will be processed in accordance with the Data Protection Act 2018.  I understand that if I give information that is incorrect or incomplete, grant may be withheld or reclaimed, and action taken against me. I declare that the information I have given on this form is correct and complete. I also declare that, except as otherwise stated on this form, I have not started the project which forms the basis of this application and no expenditure has been committed or defrayed on it. I understand that any offer may be publicised by means of a press release giving brief details of the project and the grant amount.  I am aware that the GSK Enterprise Fund operates on a competitive basis and that grants are awarded after consultation with the Investment Panel and after due diligence appraisal. Decisions to award or not to award grants to eligible projects are at the absolute discretion of the Investment Panel. | |
| **Signature of Applicant** | Date: |
| Print Full Name: | |
| Designation | |

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Description automatically generated