|  |  |
| --- | --- |
| Business Name |  |
| Business Address (including Postcode) |  |
| Principal Activities |  |
| No of employees in fund area |  |
| No of employees worldwide |  |
|  |
| Contact Details (including position) |  |
| Telephone |  |
| Email |  |
|  |
| Growth Hub Adviser (if applicable) |  |
|  |
| Name of Project |  |
| Address of Project(including postcode) |  |
| Last Approved Annual Accounts (or business plan forecast if a start-up) |
| Turnover (£) |  |
| Cash on balance sheet (£) |  |
| Share capital (£) |  |
| Retained profits on balance sheet (£) |  |
| Profit for last financial year (£) |  |
| FTE employees |  |
| Names of directors (or owners if not a limited company) |  |
| Names of main shareholders |  |

|  |
| --- |
| Group Eligibility – Last Approved Annual Accounts |
| Is the business part of a group (more than 25% owned)?  | Yes/No |
| Is the business financially autonomous from the group? | Yes/No |
| Group name |  |
| Group turnover (£) |  |
| Group balance sheet (£) |  |
| Group FTE employees |  |
| Project Description *Describe in general terms how a GSK Enterprise Fund grant will be used and how it will help the business to grow and deliver outputs. What evidence do you have for demand? What are the timescales for the project? How does it fit with the strategic focus of the GSK Enterprise Grant scheme and the LEP’s Local Industrial Strategy.* |
| Indicative Project Costs  |
| Description  | Cost (£) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Project Costs  |  |

The amount of GSK grant requested should be the minimum required by your business to allow the project to proceed.

|  |  |
| --- | --- |
| GSK Grant Request |  |
| % of total project cost  |  |
| Need for GSK grant*Please explain the need for grant support.* |

Projects cannot be 100% funded through a GSK grant (see Guidelines). You must demonstrate that you are able to secure the balance of the funding required from other sources of investment (e.g. your own funds, loan, other grant).

|  |
| --- |
| **Funding of Project** (List the sources of funding)  |
| **Funding Source**  | **Amount (£)**  | **Status (i.e. agreed/ in place)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total**  |  |  |

|  |  |  |
| --- | --- | --- |
| **Outputs**  |  |  |
| Will the project create new jobs?  | Number of new jobs  | How will the project create new jobs? |
| YES/NO |  |  |
| Are existing jobs at risk?  | Number of jobs at risk  | How will the project safeguard jobs?  |
| YES/NO |  |  |
| Jobs safeguarded means a job which the business would lose within 12 months from the date which the company would first receive an offer of funding from the GSK Enterprise Fund. (Confirmation in writing will be required as part of a full application). |

|  |
| --- |
| **Declaration and understanding** |
| 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 declare that the information given on this form is correct and complete. |
| Signature of applicant |  |
| Print full name |  |
| Job title |  |
| Date |  |

