

Salisbury Business Support – Emergency Funding Claim Form

1. Background Information

Name of business			
Name & position of applicant			
Address of business (including post code)			
Web address of business			
Date company founded			
Company Number			
VAT Registration Number (if applicable)			
Name & Address for correspondence (if different from business address)			
Daytime telephone number		Mobile telephone number	
Email address			
Please describe the business services you provide			

2. Business emergency information

Please describe how your business has been adversely effected by the Salisbury Incident on 4 March 2018	
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Is your business covered by insurance?	Yes / No If yes, with which insurance company?
What does your insurance cover?	
Are you making an insurance claim?	Yes / No If yes, what for?

3. What help does your business need?

I need help with an insurance claim	Yes / No Detail
I need help with immediate costs	Yes / No What costs? How much in £?
I need help with temporary business accommodation	Yes / No How much space do you need? What kind of space do you need?
I need help with staff costs	Yes / No What costs specifically? Why? How much in £?
I need help with marketing costs	Yes / No What costs specifically? Why? How much in £?

I need help with other business costs	Yes / No
	What costs specifically?
	Why?
	How much in £?

Total Amount Requested – Section 3	£
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4. Capital Grant Funding (maximum of £5000)

I need help with refurbishing existing or new premises	Yes / No
	What costs specifically?
	Why?
	How much in £?
I need help with buying new equipment	Yes / No
	What costs specifically?
	Why?
	How much in £?
Other capital expenditure requirements	Yes / No
	What costs specifically?
	Why?
	How much in £?

Total Amount Requested – Section 4	£
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Has your business applied for Hardship Rate Relief?	YES		NO	
Have you applied for or received any other public sector funding in the past 3 years?	YES		NO	

5. Terms and conditions – please check & tick boxes to confirm, and sign below:

I am authorised to make the application on behalf of the above business	
I certify that the information provided in this application is correct, and I understand that if any information I have provided is later found to be false, Wiltshire Council and/or the Swindon & Wiltshire Local Enterprise Partnership will recover any funding awarded	
I give permission for Wiltshire Council and Swindon & Wiltshire Local Enterprise Partnership to record the information in this form electronically and share it with the Department of Business, Energy and Industrial Strategy.	
I understand that I may be asked to participate in publicity and evaluation activities related to any funding awarded	
Tick to receive email copy of sent form	
I accept these as terms and conditions of this funding	
I would like to be registered with the Swindon & Wiltshire Growth Hub for further support (if not already registered)	

SIGN: _____ **DATE:** _____

Position in the business: _____

Business Bank Account Details

Bank Name	
Bank Account Name	
Account Number	
Sort Code	