









TRANSFORM FUND APPLICATION FORM



REFER TO THE GUIDANCE NOTES

The Transform Fund is a support scheme for Gwynedd businesses to recover and develop, stabilise and prepare for the future. The aim is to enable businesses to increase profits either through savings or increased income.

The Transform Fund supports grants from £25,001 to £250,000.

We must receive your application by Friday, September 29th, 2023. We will then assess your application and you will have no more than a week to provide any missing information. As long as you have provided all the information in time, we would assess applications from October 6th, 2023, aiming to respond within 8 weeks.

The following is the information you will need to provide in addition to this form:

| A detailed Business plan – See guidelines for the minimum information required |
|---|
| 3 year Financial forecast |
| Balance sheet and profit and loss statement for the last three years |
| Bank statements for the business for the past 3 months |
| Confirmation of any relevant consent including statutory legal requirements |
| All quotes |
| 1. APPLICATION DETAILS |
| Business / Company Name: |
| Name and Address of Applicant(s): |
| Phone number: |
| Email: |
| Name and Address of Business / Property relevant to the application (if different): Please provide details of your headquarters if you have more than one branch) |
| Business Phone Number: |
| Business Email: |
| Website |
| Does the business operate from any other address? Yes No |
| If yes, please provide the address below: |



2. STRUCTURE OF THE BUSINESS

Sole Trader Limited Company Social Enterprise Partnership Co-operative Company Other (insert here)

Is the business a subsidiary of another company? YES NO

Do you confirm that your business is a small or medium-sized enterprise (see guidelines for details) YES NO

Company registration number if applicable

HMRC Unique Taxpayer Number (UTR) if self-employed:

Are you VAT registered? YES NO

If yes: VAT Registration Number

If you are not VAT registered, will you need to register in the future? YES NO

Main activity of the business:

Trading start date

Number of weekly trading hours

3. REASON FOR GRANT

For what purposes is the grant required?

Please explain why you need the grant, i.e. without the grant you could not undertake the activity outlined in your application:

- At all
- To the same extent
- Within a reasonable timescale

4. BUSINESS LOCATION

Do you, or do you intend to run your business from home? Yes No

If Yes, do you rent your home? Yes No

Do you own the property? Yes No

If not, please specify the name and address of the freeholders

If you have a lease, how much of the lease is left before it expires?



If relevant:

Have you received your landlord's permission to run a business? Yes No n/a

Have you received your landlord's permission to undertake the project associated with receiving a grant? Yes No n/a

Have you obtained planning permission? Yes No

Have you obtained building regulations permission? Yes No

If yes, please specify the relevant details:

5. SCHEDULE / FINANCE

Enter the start and end date of your project - please note that all work must be completed and all claims submitted to us by September 30, 2024.

(a) Total cost of equipment/services

(b) Grant requested (70% or 50% for some vehicles - see the guidelines)

Capital: £ Revenue: £

Please note any other sources of funding below:

| Source Name | e.g. savings, business account etc | Amount | Status – secured / applied for / to apply for |
|----------------|------------------------------------|--------|---|
| Myself | | £ | |
| Bank Loan | | £ | |
| Bank Overdraft | | £ | |
| Other Loans | | £ | |
| Other Grants | | £ | |

You MUST provide evidence of all sources of funding you intend to use for your application

6. ANALYSIS

Please provide a breakdown of how the grant will be used and provide details of quotes: (Original projections / quotes must be attached at the end of this form)

See the guidelines for how many quotes are needed, and how to get the



| ITEM | SUPPLIER | COST (Exl. VAT) | COST (Inc. VAT) | |
|------|----------|--------------------|-----------------|--|
| | | | | |
| | | | | |
| | | | | |

Total Project Cost (This should match 5(a)) = £

For each item:

Is this supplier based in Gwynedd? Yes/No

If not, what steps were taken to investigate using suppliers from Gwynedd and what was your reason for not using them?

7. VALUE FOR MONEY

Will the equipment/service(s) you are seeking a grant for enable your business to make more profit? Yes No

A full and detailed response is expected to explain why the amount you are seeking is proportionate to the business impact

How much more profit do you expect to make over the next three years?

Yr1 E Yr2 E Yr3 E

Please provide a simple explanation of how you have calculated the above

Will the equipment/service(s) you are seeking a grant for enable your business to reduce costs? Yes No

A full and detailed response is expected to explain why the amount you are seeking is proportionate to the business impact

How much savings do you expect to make over the next three years?

Yr 1 £ Yr 2 £ Yr 3 £

Please provide a simple explanation of how you have calculated the above

Will receiving this grant allow you to grow your business? Yes No (If Yes, give details)

Will recieving this grant allow your business to be more competitive? Yes No (If Yes give details)

Will receiving this grant allow the business to be more sustainable? Yes No (If Yes give details)

Is receiving this grant likely to stimulate further investment in your business? Yes No (If Yes give details)

Will receiving the grant allow you to introduce new products, services or reach new markets? Yes No (If Yes give details)



| <u> </u> | | | | | | | | | |
|---|----------------|------------------|------------------------------------|----------------------------|---|--|--|--|--|
| 8. EMPLOYMENT DETAIL | S AND LINGU | ISTIC PROFILE | 1 | | | | | | |
| | Current Jobs | | Jobs created as a direct result of | Timeline for creating jobs | Jobs protected as a direct result of this project | | | | |
| | Male | Female | receiving this grant | (months) | | | | | |
| Directors/Owners | | | | | | | | | |
| Full Time | | | | | | | | | |
| Part Time | | | | | | | | | |
| If you noted that receivin threat without the grant? | | ould safeguard | jobs, explain ho | w (e.g. why wo | ould this/these job(s) be under | | | | |
| What is the main adminis All Welsh More Welsh than English Fully Billingual More English than Welsh All English | trative langua | ge of the busine | ess? (tick the mo | ost suitable box | | | | | |
| How many of your staff of How many of them can u | | - | to customers? | | | | | | |
| In what language do you Welsh only English Only Bilingual | create market | ing material? | | | | | | | |
| 9. TURNOVER | | | | | | | | | |
| Most recent annual turnover | | | | | | | | | |
| Projection of turnover for | next three fin | ancial years as | a result of the g | rant | | | | | |
| 10. BUSINESS BANK DET | AILS | | | | | | | | |
| Account Name | | | | | | | | | |
| Bank Name and Address | | | | | | | | | |
| Bank Sort Code | | | | | | | | | |
| | | | | | | | | | |

Bank Account Number



11. STATEMENT AND UNDERSTANDING

Have you or any of your associates ever been disqualified from being a company director under the Company Directors Disqualification Act (1986) or ever been the proprietor, artner 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?

Has any director/partner ever been bankrupt or subject to an arrangement with creidtors or ever been the proprietor, partner or director of a Business subject to any formal insolvency procedure such as a receivership, liquidation or administration, or subject to an arrangement with its creditors?

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 or local government scheme?

If you have answered Yes to any of the above, this will not necessarily ffect your chances of receiving Support. However, please give details below of he person(s), the Business(es) and the circumstances:



12. ADDITIONAL INFORMATION

Environmental Sustainability

Do you have an Environmental Policy? YES NO

Do you have a formal Environmental Management System? YES NO

Have you committed to the Green Growth Pledge? Yes No

Equality, Diversity and Inclusion Policy

Do you have an Equality, Diversity and Inclusion Policy? YES NO

Have you committed to the Equality Pledge? Yes No

Operational Standards

Do you have any Operational Standards Accreditations (such as ISOs)? Yes No

Yes – provide details

No - do you intend to begin any Operational Standards Accreditations in the next year? Yes No

Yes – provide details

Welsh language and culture

Do you have a Welsh Language Policy? YES NO

If the answer is 'Yes', you may need to provide a copy of these policies.

If the answer to the above questions is 'No', are you willing, as part of this project, to have a: Environmental Policy, Equal Opportunities Policy, Welsh Language Policy

INFORMATION

- You acknowledge that you are subject to the requirements of the Freedom of Information Act 2000, the Environmental Information Regulations 2004, the Data Protection Act 2018
- I/we authorise the Council to make any necessary enquiries to verify any information required for the UKSPF programme. The information provided may also be shared with others as set out in the Privacy notices.

 <u>Business privacy statement (gov.wales)</u>

This fund is registered as part of the Gwynedd Business Development Fund (registration number SC10867), in accordance with the Subsidy Management Act (2022). All grants over £100,000 will be individually registered with the Welsh Government as part of their Transparency Rules.

LANGUAGE

- I confirm that I have completed the Welsh Language Commissioner's assessment and commit to working towards Welsh Offer status

A REAL LIVING WAGE

- I commit to paying the Real Living Wage to any staff over the age of 18 by December 2024 (it is not required to secure the accreditation of the Living Wage Institue) working towards living wage accreditation - Become a Living Wage Employer | Living Wage Foundation



DECLARATION

- I authorise the Council to make any enquiries necessary to confirm any information needed to reach a decision on my application. The information contained in this application may be shared with a colleague in other departments and other business support organisations to assess the application;
- I declare that all information in this form is accurate to the best of my knowledge, and that the Council may take action against the signatory to reclaim the grant and any costs, charges or expenses involved;
- I also confirm that I have the full right and authority to act on behalf of the business/organisation making this request;
- I declare that the information I have given in relation to Statutory Authority Subsidy Management is correct. I understand that I will have to refund any financial support or there will be no future payments if this information is discovered to be incorrect.
- I confirm that this grant is necessary to do what the grant will support, either at all, to the same degree, or within a reasonable timeframe
- I confirm that all purchased items will be properly insured;
- I confirm that all items will be adequately preserved and maintained;
- I confirm that all necessary statutory permissions are in place
- I confirm that any public material funded by the grant (such as signage) will comply with Cyngor Gwynedd's Language Policy;
- I confirm that the money will be spent in accordance with this request and that items will not be sold within the monitoring period;
- I confirm that I will complete and return the monitoring form





