West Sussex Support Programme for Social Enterprises

**Social Enterprise Fund (SEF) 2014-2015**

Social Enterprise Main Grant [Stream 2] - Expression of Interest

APPLICATION FORM

Please note all the information in this form will be treated as confidential by West Sussex County Council (WSCC) but may be shared on this basis between WSCC departments and panel members. If the information in this form needs to be shared with external partners, WSCC will seek your permission before any information is shared.

Please ensure you have read the guidelines and that you meet the eligibility criteria before completing this form.

Please be as concise as possible and keep within any word limits specified.

|  |  |
| --- | --- |
| **APPLICANT STATEMENT**  I wish to apply for the sum of **£** to explore my idea.  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  You can either submit the signature page as part of the Application Form in MS WORD format with an electronic signature clearly visible, or print the Signature Page, sign, scan, save as PDF, and email the PDF file along with your completed Application Form.  **Position:**  **Date:**  **If my organisation is successful I agree that our name and project details can be published on the website** | |
| **CONFIRMED** please insert an “X” in the grey box |  |

**SECTION A: APPLICANT INFORMATION**

**A1**

**Name:**

**Organisation:**

**Address:**

**Tel:**

**Mobile:**

**Email:**

**Website:**

**Please describe the type of organisation:**

(e.g. Company Ltd by guarantee/or shares with charitable status/CIC/Charity/Private Business /Co-operative/Association/Trust/Other (e.g. Social firm, community group, etc.).

**Company/Charity/CIC /CIO registration number**[s]:

Does your organisation have an asset lock[[1]](#footnote-1) ?:

When was your organisation set up?

Number of employees:

What is your annual turnover [last set of accounts/income & expenditure]

If you are not formally constituted please give brief details about how you are organised or propose to be organised once your organisation is established

**A2 Lead contact details**: Please provide details of the person who would be responsible for leading the work and reporting to the Council if the grant was secured

**Name:**

**Position:**

**Address (if different from above):**

**Tel:**

**Email:**

**A3 Partner organisation Information**

If you will be working with another organisation, please provide details below

**Contact Person:**

**Name of Organisation:**

**Address:**

**Email:**

**Tel:**

**Website:**

**Organisation type:**

**SECTION B YOUR CURRENT ACTIVITY**

**B1 Social purpose**

Please describe your social purpose (Max 100 words)

Answer:

**B2 Current activity**

Please explain what your organisation currently does, including details of the products and/or services you provide. (Max 200 words)

Answer:

**SECTION C: YOUR OUTLINE PROPOSAL**

**C1** **Name -** what is the name of your social enterprise (for future correspondence).

Answer:

**C2**  **Location** - Where in West Sussex do you envisage your new social enterprise will deliver its business? (Max 50 words)

Answer:

**C3** **Your idea**

Please give an overview of what your social enterprise will deliver;

* What is/are the product(s) and/ or service(s)?
* What need is there currently for this product/service and what evidence do you have to support this?
* Who are your target audience and how have they been identified?
* Who will you sell your products or services to?

(Max 1,000 words)

Answer:

**C4** **Timeline**

When would you expect to launch the social enterprise/product/service? (Max 200 words)

Answer:

**SECTION D: FINANCIAL INFORMATION**

**D1 Amount of funding**

Please state the amount of grant funding you are asking for:

**D2 Budget**

Please set out below an estimate of how much grant funding you intend to seek from the WSCC fund, using the attached budget summary to provide a breakdown and any match funding that may be contributed

|  |  |  |
| --- | --- | --- |
| **Costs** | **SEF** | **Match Funding** |
| Staff related costs [e.g. salary, NI,] |  |  |
| Travel costs |  |  |
| Running costs |  |  |
| Equipment costs |  |  |
| Consultancy support |  |  |
| In kind support |  |  |
| Other costs (please describe what these are) |  |  |
|  |  |  |
| **Total cost to deliver this work** |  |  |

If match funding is not yet secured set out above what match funding you are expecting to receive and detail here progress or steps taken in securing such funding.

**SECTION E: REGULATIONS**

**Insurance**

Please outline the insurances you have in place for the delivery of this proposal. Please note that if your application is successful you will be required to provide proof of your policy/policies.

|  |  |
| --- | --- |
| **Insurance** | **Limit** |
| Public Liability |  |
| Employers Liability |  |
| Product Liability |  |
| Professional Indemnity Insurance |  |
| Other (Please state what other insurance you have): |  |

**State Aid**

Please confirm that your organisation is currently under the de minimis exemption for State Aid and that the amount requested by your organisation from the Social Enterprise Fund Stream 1 programme will not result in the de minimis exemption being exceeded, by ticking the box below.

Please note that WSCC will be relying on the information and confirmation provided by your organisation in issuing the grants and the risk of providing incomplete or inaccurate information lies with your organisation.

For further information on State Aid please see the Guidelines.

|  |  |
| --- | --- |
| I confirm that:   1. my organisation has not received more than 200,000 Euros in de minimis public funding in total over the previous three fiscal years; and      1. the amount of funding requested from the Social Enterprise Fund Stream 1 programme in this Application Form will not result in my organisation receiving more than 200,000 Euros in de minimis public funding in total over the previous three fiscal years. | |
| CONFIRMED (please insert an “X” in grey cell to confirm) |  |

**SECTION F: SUBMITTING YOUR EXPRESSION OF INTEREST FORM**

**Please ensure you have done the following before submitting your Expression of Interest Form, if not your form may be ineligible.**

|  |  |
| --- | --- |
| **Please insert an “X” to confirm you have done the following:** | |
| All sections of your Expression of Interest Form are **fully completed** |  |
| Your Expression of Interest Form is **signed** |  |
| Your Expression of Interest Form is submitted by the **deadline** |  |
| I have confirmed my organisation complies with State Aid regulations |  |

**Do not submit any additional documents** with your Expression of Interest Form as these will not be considered.

**Email** Please email your completed Expression of Interest to [social.enterprise@westsussex.gov.uk](mailto:social.enterprise@westsussex.gov.uk). Note that **Emails** should be headed **“West Sussex Social Enterprise Fund 2014-15 Stream 2 Grant Expression of Interest – *Name of the a*pplicant organisation”** as the subject of your email.

**Deadline** The deadline for receipt of a completed Expression of Interest Form is

**14th August 2014 at 5pm**

Please note forms submitted after this time will not be considered under any circumstances.

WSCC is not able to discuss Expression of Interest forms or provide feedback to unsuccessful applicants.

1. An asset lock ensures that all the assets of an organisation (including any profits generated) are reinvested and/or used for the benefit of the community [↑](#footnote-ref-1)