

**Aberdeen City Council**

**Business Start-Up Grant Scheme Application Form**

**Please Note**

If your application is successful, a formal letter by email will be sent to you. This letter will confirm any specific conditions attached to your award. The following applies to all applicants.

1. General queries may be emailed to BusinessSupport@aberdeencity.gov.uk.
2. Full information and guidance can be found in the Guidelines Document. Please read this in full before applying for the grant.
3. Businesses must not have registered, begun trading or started before 1 January 2024.
4. Upon receipt of a fully completed application, supporting documents and subsequent award decision, payment of your grant, if approved, will be made in one lump sum.
5. Aberdeen City Council and/or Business Gateway reserve the right to publicise the scheme's support offered to your business. However, we will contact you in advance of any releases.
6. The minimum grant award is £1,000 and the maximum grant award is £3,000
7. This grant is only for businesses based within the Aberdeen City Council boundary.
8. Only one application per business and/or per individual, will be accepted over the duration of the Scheme.
9. This project is funded by the UK government through the UK Shared Prosperity Fund.

The closing date for applications is 28 February 2025 or when funds are exhausted. Only completed full applications with correct supporting information will be accepted for review. All decisions will be made at the discretion of Aberdeen City Council.

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| **Applicant Details** |
| **Business Name** |  |
| **Trading / Home Address** |   |
| **Postcode** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Legal Status** e.g. Sole trader / Partnership / Limited Company |  |
| **Website URL and/or social media handles** |   |
| **Company Registration Number (if applicable)** |   |
| **Sector** e.g. food & drink, energy, construction etc. |   |

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| **Contact Details** |
| **Contact Name** |  |
| **Position** |  |
| **Direct Telephone Numbers** |  |
| **Direct Email** *(if different from above)* | *We will use this email address for all correspondence relating to your application* |

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| **Which grant are you applying for, please tick one** |
| Start-up £1,000 [ ] *(includes home-based)* | Start-up w/property £3,000 [ ]  |

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| **Business Gateway Advisor** All applicants must be working with an allocated business advisor at Business Gateway prior to applying. Business Gateway can be contacted on aberdeen@bgateway.com or 01224 472844. |
| **Advisor Name** |   |
| **Advisor Email** |   |

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| **Eligibility****When did you start your business?** |
| **Day / Month / Year** |  |
| **Has any business owner / director involved with the business been disqualified as a director or business owner? Please tick** |
| No [ ]  | Yes [ ]  |
| **Has any business owner / director involved with the business ever been on the AIB Register of Insolvencies?** |
| No [ ]  | Yes [ ]  |
| **For the £3,000 start-up grant with commercial property only, please provide:** |
| **Aberdeen City Council Business Rates reference number** |   |

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| **Business Start-Up Information** |
| **Please provide information about your business start-up including details of your product/ service/ offering, in no more than 250 words.** |  |
| **Grant Award** |
| **Please explain how the grant award will support the business, including what you plan to spend it on, in no more than 250 words.** |  |
| **Please give a breakdown of how the grant award will be spent.** |

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| **Item** | **Cost (£)** | **Supplier** |
| *eg. HP Wireless laser printer* | *£144.99* | *Currys* |
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| **TOTAL** | **£** |  |

*Applicants should retain copies of receipts related to expenditure for a period of up to 12 months. Aberdeen City Council will undertake auditing spot checks and retains the right to ask for copies of receipts as evidence of eligible expenditure. Failure to provide evidence may result in recipients having to repay part of, or the entirety of, the grant.* |
| **Public Subsidy – please provide details of any other public subsidy (public sector funding) received by your business to date.**  |

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| **Public body** | **Amount Received (£)** | **Date Awarded** |
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| **TOTAL** | **£** |  |

*For projects funded by more than one Funder or more than one local UKSPF allocation, it is expected that costs will normally be apportioned on a percentage basis in line with funding contributions.* |

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| **Business Bank details** |
| **Business bank name** |  |
| **Branch and address** |  |
| **Date account opened** |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Account Name** |   |
| I certify that payments which may become due to me by Aberdeen City Council can be paid by BACS into the above mentioned business bank account. If this business bank account should change, it is my responsibility to advise Aberdeen City Council. |
| **Signature**  | **Date**  |

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| **Data Protection** |
| Aberdeen City Council is the Data Controller for this data. Wherever we process personal data we must have a legal basis in data protection law and tell you what it is. The Council’s legal basis for this processing is that it is necessary for the performance of a task carried out in the public interest or in the exercise of the official authority vested in the Council. We will use the information you provide in this form and in any supporting evidence you supply, to process your application and if successful, to process your claim. We will store your business and contact information in our database to administer your application.Please refer to our full [Privacy Notice](https://www.aberdeencity.gov.uk/your-data-business-start-grants-scheme) to see how we use, share, protect and store your data and your rights to this.  |

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| **Checklist****Before submitting your application, please check and tick the boxes below to ensure you are submitting all required documentation. Incomplete applications may not be reviewed.** |
| **All applications** |
| Fully complete application form, signed and dated |[ ]
| Evidence of registration – for limited companies, Companies House registration number should be detailed above; for sole traders, an HMRC UTR letter  |[ ]
| Evidence of trading – Business Bank statement (showing at least one business-related item paid in or out). Please note personal bank statements and details may only be accepted in exceptional circumstances for sole-traders | [ ]  |
| Proof of identity – copy of passport |[ ]
| Proof of address – copy of applicant’s council tax bill (most recent) or utility bill (within the last 3 months) |[ ]
| 12-month Cashflow Projection – your Business Gateway Advisor can provide a template for this |[ ]
| **For the £1,000 grant** |  |
| Your application details match your council tax record held by Aberdeen City Council  |[ ]
| **For the £3,000 grant** |  |
| Copy of lease or proof of purchase |[ ]
| Your application business premises detail matches, and is registered with, Aberdeen City Council Business Rates department |[ ]

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| **Subsidy Control** |
| Any Grants awarded through the Business Start-Up Grant Scheme will be awarded under subsidy scheme made under the Subsidy Control Act 2022 – Subsidy Control Number SC11114.   |

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| **Declaration** |
| I declare that I wish to apply to Aberdeen City Council for a grant award from the Business Start-Up Grant Scheme. I declare that the information contained in this application is correct to the best of my knowledge and that I have read the guidelines, process and criteria document.I can confirm the business has not started trading or registered prior to 1 January 2024.I authorise Aberdeen City Council to liaise with Business Gateway Aberdeen City & Shire regarding my application and verify my application with external agencies, if required, and departments across the council.I agree, as and when required, to provide progress updates and information to Aberdeen City Council to report on the outputs from this grant scheme.If found to have knowingly provided false information, my application will be subject to fraud referral.This grant constitutes de minimis funding under the UK-EU Trade and Cooperation Agreement. I understand the business must retain details of the Grant for 3 years from the date I receive any payment and produce it on any request by the UK or European public authorities.The grant must be used for intended outlined business purposes otherwise the Council has the right to reclaim the grant. I acknowledge that any decision to award a grant will be at the discretion of Aberdeen City Council, that in that event Aberdeen City Council will offer to enter into a grant agreement with the applicant business and that it is under no obligation to make such an offer. By signing this form I confirm that I am the Director / Partner / Proprietor of the business submitting this application and that I and all other Director/s, and or Business Partners consent to the above. |
| Print Name  | Signature  |
| Business Name  | Position  |
| Date  |

Please submit your application and associated documents to BusinessSupport@aberdeencity.gov.uk. We aim to respond within 10 working days.

The applicant can appeal an unsuccessful application up to 4 weeks after the rejection notification by submitting a written request to appeal to BusinessSupport@aberdeencity.gov.uk. The application will then be reviewed by a second member of staff at Aberdeen City Council.



**Equal Opportunities Monitoring Information – Business Start Up Grant Scheme**

This information is voluntary. The Equality Monitoring forms are anonymous and not used as part of your application. The data we gather will be used to establish an evidence base for ensuring our activities, policies and practice are fair and do not disproportionately affect different groups.

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| **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age** |
| Yes  |  |
| No  |  |
| If yes, please mark all that apply: |  |
| Deafness or partial hearing loss |  |
| Blindness or partial sight loss |  |
| Full or partial loss of voice or difficulty speaking |   |
| Learning disability |  |
| Learning difficulty |  |
| Developmental disorder |  |
| Mental health condition |  |
| Physical disability |  |
| Long-term illness, disease or condition |   |
| Prefer not to say |   |

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| **What is your sex?** |
| Male  |  |
| Female  |  |
| Prefer not to say  |  |
| Prefer to self-identify – please state: |
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| **What is your sexual orientation?** |
| Gay |   |
| Lesbian  |  |
| Heterosexual / Straight |  |
| Other |  |
| Prefer not to say |   |
| If you prefer to use another term, please provide this here: |

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| **Do you consider yourself to be trans, or have a trans history?** |
| Yes |  |
| No |  |
| Prefer not to say |  |

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| **Age group** |
| Under 20 |   |
| 20-29 |   |
| 30-39 |   |
| 40-49 |  |
| 50-59 |  |
| 60 + |  |
| Prefer not to say  |  |

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| **Please indicate your ethnicity and nationality by ticking the relevant box or in your own words** |
| White - Scottish |  |
| White - British |  |
| White - Irish |  |
| White - Gypsy/Traveller |  |
| White - Roma |  |
| White - Showman / Showwoman |  |
| White - Eastern European |  |
| Other White Ethnic Group |  |
| African, Scottish African or British African |  |
| African - Other |  |
| Caribbean Or Black  |  |
| Indian, Scottish Indian or British Indian |  |
| Pakistani, Scottish Pakistani or British Pakistani |  |
| Bangladeshi, Scottish Bangladeshi or British Bangladeshi |  |
| Chinese, Scottish Chinese or British Chinese |  |
| Other Asian, Scottish Asian or British Asian |  |
| Mixed Or Multiple |  |
| Arab, Scottish Arab or British Arab |  |
| Other Ethnic Group |  |
| Prefer not to say  |  |
| Prefer to self-identify – please state  |

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| **What is your legal marital status?** |
| Single  |  |
| Married / Civil partnership  |  |
| Prefer not to answer |  |
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| **What religion, religious denomination or body do you belong to?** |
| None  |  |
| Buddhist  |  |
| Christian  |  |
| Church Of Scotland |  |
| Roman Catholic |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Humanist |  |
| Pagan |  |
| Other Religion Or Belief – please state  |
| Prefer not to answer  |  |

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| **Do you have caring responsibilities?** A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | Yes | No  | Prefer not to say  |
| If yes, please tick all that apply |
| Primary carer of a child/children (under 18) |  |
| Primary carer of disabled child/children |  |
| Primary carer of disabled adult (18 and over) |  |
| Primary carer of older person |  |
| Secondary carer (another person carries out the main caring role) |  |
| Other: |  |