**DIA-T @ Hartpury Application Form**

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| **For office use only** | |
| **Application Number** | **………………….…….…..../AU,BCU/………………………………….……/……………………….….**  *(number) (delete as appropriate) (day/month/year)* |

***Data Protection (GDPR)***

*The information you provide on this application form (Information) will be available to the Project and Finance staff at Hartpury University involved in the management of the Promoting Functional Material in SMEs project; Ministry of Communities, Housing and Local (MCHLG) and its auditors, and auditors appointed by the European Commission. We will not pass this Information on to any other organisations or third parties. I confirm that the Beneficiary agrees that the Information may be used to identify and advise us of other opportunities where there is potential benefit to us e.g. other opportunities for collaboration and also for project evaluation purposes and to participate in any evaluation exercise carried out by the Funding Agency or an external consultant.*

***Disclosure and Barring Service (DBS)***

*We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment. All successful applicants will be subject to Disclosure and Barring Service checks.*

1. **Business Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name\* |  | | |
| Business Address\* |  | | |
| Business Postcode\* |  | | |
| Telephone Number\* |  | Mobile |  |
| Email Address\* |  | | |
| Website |  | | |
| Company Number \* |  | | |
| Companies House Standard Industrial Classification *see:* [*http://resources.companieshouse.gov.uk/sic/*](http://resources.companieshouse.gov.uk/sic/) *for more information.* | |  | |

1. **Owners/Directors/Key Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Title\* | First Name\* | Surname\* | Position\* |
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1. **About Your Business**

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| --- | --- | --- | --- |
| What is the legal status of the Business? [please tick]\* | | | |
| Sole Trader | □ | Partnership | □ |
| Limited Company | □ | Community Interest Company | □ |

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| --- | --- | --- | --- | --- | --- |
| Are you a part of Group | YES □ | NO □ | If yes, please confirm the percentage of ownership by another enterprise or the percentage of your ownership of another enterprise? | | |
| Nature of Business\* |  | | | |
| Date Business started trading\* |  | | | |
| How many people do you employ? (FTE)\* |  | What was your annual turnover in the last financial year? (£)\* | |  |
| Annual R&D spend in last complete financial year (£) |  | No. of product and process innovations in last three financial years (No.) | |  |
| Are you VAT Registered? | YES □ NO □ | New investment in capital equipment and facilities (£) | |  |

1. **SME Declaration**

|  |  |  |
| --- | --- | --- |
| Do you employ less than 250 people?\* | YES □ | NO □ |
| Is your annual turnover less than 50 million Euros?\* | YES □ | NO □ |
| Is your balance sheet total less than 43 million Euros?\* | YES □ | NO □ |
| All data must be related to the last approved accounting period and calculated on an annual basis. In the case of newly-established enterprises whose accounts have not been approved, the data to apply shall be derived from a reliable estimate in the course of the financial year. | | |

1. **De Minimis**

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| --- | --- | --- | --- | --- |
| The assistance you receive from the Hartpury Tech Box Park Programme falls under the European Commission’s De Minimis Regulation (Regulation 69/2001). This allows a company to receive up to 200,000 Euros of public aid over a three-year period. To confirm that you are able to receive assistance from the Project, you must declare the full amount of any support you have received over the last 36 months. | | | | |
| Has the company received grants, consultancy support or state aid in the last 3 years? If yes, please provide further details below. | | | YES □ | NO □ |
| Date of payment | Name of provider | Purpose of funding/project | Amount (£) | |
|  |  |  |  | |
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|  |  |  |  | |
|  |  |  |  | |
| Value of the Innovation Vouchers Grant (£) | | |  | |

1. **Declaration**

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| --- | --- | --- | --- | --- |
| You need to agree to the following in order to receive assistance through the Programme | | | | |
| I confirm that the amount of state aid I will receive through the workshops / Innovation Vouchers Programme will not take the company over the allotted maximum amount allowed under state aid De Minimis rules every three-year period i.e. 200,000 Euros. | | | | □ |
| I confirm that my company has an office base in Gloucestershire. | | | | □ |
| I confirm that the company is not “in difficulty” as defined at 2.1 of the Community Guidelines and State Aid for Rescuing and Restructuring Firms in Difficulty (2004/C22/02) at the date of this declaration. | | | | □ |
| I confirm that I am willing to provide the required information (and photographic proof) to evidence the introduction of a new product or service to my firm or the market. | | | | □ |
| I understand that the collection of personal data is required for the monitoring and evaluation of the project.  This is to ensure compliance with the applicable data protection laws. | | | |  |
| I confirm that I will comply with the ERDF regulations and I will have no involvement in any illegal or fraudulent activity with regards to the Innovation Vouchers project. | | | | □ |
| I understand that if this company is later found not to meet the above requirements the company may be required to pay back the value of the aid to the European Union. | | | | □ |
| Business Signature  (Managing Director / Finance Director / Owner / Senior Manager |  | Date |  | |

1. **Monitoring Form**

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| --- | --- | --- | --- |
| The European Union, which is part funding the Innovation Vouchers Programme, requires evidence that the Programme activities are open to all. The information requested is provided on a confidential basis and we will only reveal it in aggregate form. The exception to this is in relation to Programme auditors who will be able to view all the Programme administration records. | | | |
| Gender | | Male □ | Female □ |
| Date of Birth |  | | |
| Nationality |  | | |
| How would you describe your ethnic origin? | | | |
| **White**  **A** British □  **B** Irish □  **C** Any other white background □ | | **Black or Black British**  **M** Caribbean □  **N** African □  **P** Any other black background □ | |
| **Mixed**  **D** White and black Caribbean □  **E** White and black African □  **F** White and Asian □  **G** Other mixed background □ | | **Other ethnic groups**  **R** Chinese □  **S** Other ethnic groups □  Please specify: ……………………………..  **Z** Not stated □ | |
| **Asian or Asian British**  **H** Indian □  **J** Pakistani □  **K** Bangladeshi □  **L** Other Asian background □  Please specify: ……………………. | |  | |
| Disability is defined by the Disability Discrimination Act as “a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months. | | | |
| Are you a disabled person as defined by the Disability Discrimination Act? | | YES □ | NO □ |

1. **Project Eligibility**

An Eligibility Assessment will be undertaken during initial contact with prospective project beneficiaries

The eligibility checklist for the Digital Innovation in Agri-Tech project is presented below:

|  |  |  |
| --- | --- | --- |
| **Is the prospective beneficiary:-** | **Answer**  (Please highlight) | |
| * A company employing less than 250 people and with an annual turnover of less than 50m Euros and a balance sheet total of less than 43m Euros? | Yes | No |
| * Self-declaring that joining this project will not take the company over the maximum amount allowed under state aid De Minimis rules every three year period i.e. 200,000 Euros? | Yes | No |
| * Involved in the primary production, processing or marketing of agricultural products? | Yes | No |
| * An agri-tech small or medium sized enterprise or planning to establish one? | Yes | No |
| * Already operating within the agri-technology sector (as defined earlier) or planning to diversify into this sector? | Yes | No |
| * Seeking to develop their capacity to innovate through  development of new products for the agri-tech sector? | Yes | No |
| * A company registered with Companies House? | Yes | No |
| * A company with a registered office in the county or self-declaring that their project work will benefit Gloucestershire? | Yes | No |
| * Self-declaring that the company is not “in difficulty” as defined at 2.1 of the Community Guidelines and State Aid for Rescuing and Restructuring Firms in Difficulty (2004/C22/02) at the date of their declaration? | Yes | No |
| * Willing to provide the required information (and photographic proof) to evidence the introduction of a new product or service to their firm or the market. | Yes | No |
| * Able to provide satisfactory financial references? | Yes | No |
| * Willing to comply with the ERDF regulations and understands that if the company is later found not to meet the above requirements it company may be required to pay back the value of the aid to the European Union. | Yes | No |

1. **Required Evidence**

Please provide the below listed supporting documentation to complete your application for the Digital Innovation in Agri-Tech Project. All documentation will be securely stored within Hartpury University and Hartpury Colleges digital system in line with the Data Protection Act.

* **Evidence of registered address of Company (e.g. bank statement, tax bill)**
* **Companies House reference number**
* **All previous State Aid Letters (If applicable)**

1. **DBS Check**

Hartpury have a policy that any regular users of the Tech Box Park will need to have a DBS check completed. Please complete the names and address of each individual that will require access to the Tech Box Park facilities below:

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| --- | --- | --- |
| **Name of individual** | **Address of Individual** | **Individual email address** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hartpury University Use Only** | | | | | | | |
| Application Status | | | **Approved □** | | **Refused □** | | |
| Signature of the Project Manager of the Innovation Vouchers Programme | Date | |  | | | | |
| Application Number   * the same number as on the front page * give number only if application approved for funding | **…………..../AU,BCU/……………../…………..**  *(number/delete as appropriate/month/year)* | | | | | | |
| This Application seeks to achieve the following outputs:  *C1: Number of enterprises receiving support*  *C2: Enterprises receiving grants*  *C4: Enterprise receiving non-financial support*  *C26: Number of enterprises co-operating with research entities*  *C28: Number of enterprises supported to introduce new to market products*  *C29: Enterprises supported to introduce new products to the firm* | **C1 □** | **C2 □** | **C4 □** | **C6 □** | **C26 □** | **C28 □** | **C29 □** |