**PLEASE COMPLETE IN BLOCK CAPITALS**

**SUNDERLAND COMMUNITY LED LOCAL DEVELOPMENT PROGRAMME (OUTCOME FORM 3)**

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| **Only to be used for SMEs or organisations exiting the project** |
| **CLLD Project Number** |  |
| **Beneficiary Unique Identifier** |  |

|  |  |
| --- | --- |
| **Part 1** | **Personal details** |
| Title  |  |
| Forename(s) |  |
| Surname |  |
| Position  |  |
| Business / Organisation  |  |
| Postcode |  |
| Contact Telephone |  |
| Contact Email  |  |
| **Part 2** | **Type of support received** |
| Type of Support received | Business support & training | [ ]  |
| Social investment support | [ ]  |
| Other (please specify) | [ ]  |
| Sector of business |  |
| Duration of support | From |  | To |  |
| Number of hours supported |  |
| **Part 3** | **Impact of the support received** |
| Has a new business been established? | Yes [ ]  | No [ ]  |
| If yes, please provide details |  |
| Has a new process or service been established? | Yes [ ]  | No [ ]  |
| If yes, please provide details |  |
| What evidence of business establishment? | Companies House registration | Yes [ ]  | No [ ]  |
| Registration with HMRC | Yes [ ]  | No [ ]  |
| VAT Registration | Yes [ ]  | No [ ]  |
| How many employees does the organisation / enterprise employ? | Full Time Equivalent (FTE)(at least 36 hours per week) |  |
| Part-time staff (part-time jobs should be treated on a pro-rata basis) |  |
| How many volunteers does the organisation / enterprise have? |  |
| Number of individuals within organisation receiving support |  |
| How many jobs (FTEs) have been created? |  |
| Has evidence of gains/support been obtained? | Written confirmation from senior member of staff with job details, date started, duration and weekly hours | Yes [ ]  | No [ ]  |
| Home postcodes of staff employed in new jobs created | Yes [ ]  | No [ ]  |
| Signed meeting records | Yes [ ]  | No [ ]  |
| Evidence of investment | Yes [ ]  | No [ ]  |
| What is the projected annual increase in turnover in the year following ESIF support? |  |
| Please indicate the increase over previous turnover projections prior to ESIF support |  |
| What amount of external investment was achieved through the support? |  |
| What was the source of the investment? |  |
| **Part 4**  | **Beneficiary testimony** |
| If no business or organisational growth or change was established, what difference has the support made to the participating organisation and its future plans? |
|  |
| **Part 5** | **Declaration** |
| **Signature of beneficiary** |
| I confirm that the information provided in this form is accurate  | **Date** |
| **Signature of project staff** |
|  | **Date** |
| **Job title of project staff**  |
|  |
| **Other notes / comments** |