**PLEASE COMPLETE IN BLOCK CAPITALS**

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

|  |  |
| --- | --- |
| **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** | | | | | | | |