**PLEASE COMPLETE IN BLOCK CAPITALS**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Only to be used to register organisations or businesses receiving support.** | | | | |
| **CLLD Project Number** | | | |  |
| **Project Name** | | | |  |
| **Provider / organisation name** | | | |  |
| **Project Number / ID** | | | |  |
| **Beneficiary Unique Identifier** | | | |  |
| **Is this the first time your organisation has received support from this CLLD project?** | | | | Yes  No |
| **Have you previously received support from a CLLD project?** | | | | Yes  No |
| **If yes to the above, please state the project name or organisation:** | | | |  |
| **Statement of Financial Good Standing**   * I confirm that this organisation is not in financial difficulty and that neither the organisation nor its directors are in, or in expectation of, a state of bankruptcy, insolvency, compulsory winding up, administration, receivership, composition with creditors or any analogous state or subject to relevant proceedings or, (if the respondent organisation is a registered Provider of Social Housing), placed in supervision by the Regulator. * I confirm that we have fulfilled our obligations relating to the payment of social security contributions and taxes. * I confirm that our accounts have not been qualified by auditors in the last three (3) years or, if they have, details are attached, and that there have been no material post balance sheet events. | | | | Yes  No  Yes  No  Yes  No |
| **Part 1A** | **Organisation/Enterprise details** | | | |
| Full legal name of organisation / enterprise |  | | | |
| Organisation type | State which type from the list below: | | | |
|  | Unincorporated Association  Community Interest Company  Limited company  Co-operative  Limited Liability Partnership (LLP)  Partnership/Sole trader  Local Authority  Registered charity  Social Enterprise  F/HE Institution  Other (please state)………………………. | | | |
| State the sector that you operate in |  | | | |
| Year established |  | Year registered (if different) |  | |
| Company Registration Number (if applicable) |  | | | |
| Charity Registration Number (if applicable) |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| VAT Registration Number (if applicable) |  | | | | | |
| Start date of organisation / enterprise |  | | | | | |
| Address |  | | | | | |
| Postcode |  | | | | | |
| **Part 1B** | **Contact details of senior member of staff (point of contact) representing organisation/enterprise being supported** | | | | | |
| Surname |  | | | | | |
| First Name(s) |  | | | | | |
| Title (Please circle) | Mr / Mrs / Miss / Ms / Other (specify) | | | | | |
| Position |  | | | | | |
| Work Telephone |  | | | | | |
| Mobile number |  | | | | | |
| Email |  | | | | | |
| 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? |  | | | | | |
| What was the annual turnover/income of the organisation in its last financial year? | |  | | | | |
| **Part 2** | **Details of support to be provided** | | | | | |
| Project title |  | | | | | |
| Type of support to be accessed | Business support & training | | |  | | |
| Social investment support | | |  | | |
| Other (please specify) | | |  | | |
| What is the support to be used for? |  | | | | | |
| Project delivery location |  | | | | | |
| Start date of support |  | | End date of support | | |  |
| Planned hours of support (if appropriate) |  | | | | | |
| Have you received ESF/ERDF or any other public funding within the last 3 years? | Yes  No  Please provide details below:  This may include Let’s Grow Funding, NBSL North East Business Support Fund, Innovate UK, previous grants from Sunderland City Council / other public bodies. | | | | | |
| If yes, please provide below full details of the provider of the financial assistance/grant and whether it was De Minimis State Aid or not:   |  |  |  | | --- | --- | --- | | **Provider of financial assistance** | **Amount £/€** | **De Minimis (Yes/No)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **State Aid**  The financial assistance you are seeking is under the De Minimis State Aid Regulation 1407/2013, and is part funded from European Regional Development Fund (ERDF). This allows a business / organisation to receive up to €200,000 of De Minimis aid over a three-year period. To confirm you are able to receive this assistance you must declare the full amount of aid, from any public sources, in any format you have received over the last three years. There will also be further information on De Minimis aid included in any offer of financial assistance we make to you. | | | | | | |
| **Part 3** | **Declaration** | | | | | |
| **Signature of Senior Member of Staff representing the business / organisation** | | | | | | |
| **I confirm that the information provided in this form is accurate** | | | | |  | |
|  | | | | | **Date** | |
| **Job title of Senior Member of Staff representing the business / organisation** | | | | | | |
|  | | | | | | |
| **Signature of Project staff representing the CLLD project** | | | | | | |
|  | | | | | **Date** | |
| **Job title of Project staff representing the CLLD project** | | | | | | |
|  | | | | | | |
| **Other notes / comments** | | | | | | |

**Issue Privacy Notice A or B to named contact above**

For further information or advice on the Community Led Local Development (CLLD) programme please contact us at the CLLD email address - [clld@sunderland.gov.uk](mailto:clld@sunderland.gov.uk).