

A better place for supporting business

North Norfolk Tourism Sector Support Grant













Expression of Interest Form

SECTION 1 APPLICANT DETAILS

Name of organisation/business (if a consortium, please list all project partners)	
Name of main contact	
Position in organisation	
Telephone number	
Email address	
Postal address	
Postcode	
Website address (if applicable)	
SECTION 2 PROJECT OVERVIEW Project name:	
Please provide an overview of the project (ma	aximum of 300 words):
1	

All applicants must evidence that their project meets the following criteria (as applicable). Please tick each criteria that applies to the project:

(With the exception of individual business	of winter adapta	ation proje	cts) the impacts are wider than just ar	1
	vid response p		so that they can adapt to changing eg they should not be fixed to a	
The initiative will sup season (July and Au	•	economy	outside the peak summer holiday	
Projects must have of been completed no la		•	re prior to 31st March 2021 and have	
legislation, regulatior	ns and guidelin e.g. relating to p	es, especi oublic heal	e how they comply with relevant ally those in place to prevent the th and safety, planning, licencing etc. ion stage)	
Projects must incorpend environment	orate measure	s that mini	mise their impact upon the	
_			th the campaigns and strategies of Norfolk or Visit the Broads.	
Anticipated project sta	art and end dat	e (if applic	able):	
Project start date			Are these dates fixed or flex	ible
Project end date				
Tell us about any othe	r organisations	s that will b	e involved in the project and what the	y will
Name of organisation	า	Role		
Please describe how	you will promot	e/raise aw	rareness of your project:	

What will the project achieve and what do you expect will change as a result of the project (maximum 200 words). You should include reference as to how your project fulfils one or more of the grant aims outlined within the grant guidance:		
For monitoring purposes is the project aimed at certain groups of people: Yes No		
Please provide details:		
Please describe how you plan to measure and monitor the outcomes of the project:		

SECTION 3 PROJECT COSTS

Total project cost		
Amount required from grant		
Amount of match funding		
Source of match funding		
Is this match funding secured and available? If no, please provide details as to when this will be available	Yes	No
Do you anticipate any risks or impediments to providing match funding? If yes, please provide details	Yes	No

Please provide a breakdown of the anticipated total expenditure incurred against the grant criteria:

Item name	Description of use/benefit	Total amount	Max 50% claim request	Confirmed or estimated?

Please provide details of any additional funding that you are seeking or already have in place.

Date	Amount	Source of Funding	I Anditione/ Restrictions	Has this b secured?	een
				Yes	No
				Yes	No
				Yes	No
				Yes	No

SECTION 4 BANK DETAILS

Please enter your bank details accurately. Failure to do so will mean that we will not be able to process a grant payment and will create unnecessary delay. 'Bank account holder's name' should be your business name as stated on your Business bank account statements. If you alternatively use a personal account for business purposes, then please enter your name as it appears on your bank account statements. This must match the name of the grant applicant.

Bank account holders name	
Sort code (6 digits)	
Account number	

SECTION 5 DECLARATION

Please ensure that you have answered all the questions on the application form and confirm:

- As the main contact in Section 1 of this application form, I am authorised to apply for a grant from the North Norfolk Tourism Sector Support Grant on behalf of the organisation/consortium.
- I understand that if I make any misleading statements (whether deliberate or accidental)
 at any stage during the application process, or knowingly withhold any information, this
 could make the application invalid and the organisation/consortium could be liable to
 repay any funding which they may already have received or any grants paid in error. The
 Council will be conducting fraud checks on applications.
- I confirm that the organisation has the capacity and capability to set up and deliver the project described in this application form.
- Although the UK left the EU on 31 January 2020, it is subject to the Withdrawal Agreement. This means that the State Aid rules continue to apply during the transition period. The Council has authority to issue discretionary grants under the De-Minimus rules and the Covid-19 Temporary Framework. It is the responsibility of the person or business receiving such aid to make sure that they do not exceed the State Aid limit of €200,000 over a 3-year period in the case of De-Minimus aid the general limit of €800,000 for the Temporary Framework aid. You must disclose any aid relevant that you have applied for or are applying for.
- By submitting an application, you are confirming that this business:
 - was not an 'undertaking in difficulty' on 31 December 2019 as defined by GBER (2014)
 - has not received any other grant awarded in support of dealing with Covid-19 that would make this application, or the award of a grant resulting from it, ineligible.
- I understand that part or all of the information provided may be held electronically. This information will be used for the administration of applications and grants and for statistical analysis. This information may be shared with individuals or organisations that may be consulted when assessing applications, verifying data and monitoring grants.
- I understand that if information about this application is requested under the Freedom of Information Act that North Norfolk District Council may release it.

Signature:	Position in organisation
Name (please print)	Date of application

Please keep a copy of this application.

Send your application with all the supporting documentation by email to:

tourism@north-norfolk.gov.uk

For any queries, please contact 01263 516009