Diagram

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**Switch on, power down**

**Barrow Businesses Beat Bills**

Application form

Please complete and sign this form electronically and return it by email to [**molly.hogg@cafs.org.uk**](mailto:molly.hogg@cafs.org.uk) at your earliest convenience.

To provide evidence of support to the funder, at a later date we will provide you with a hard copy which will need to be over-signed in ink.

1. Business details

|  |  |
| --- | --- |
| Business name |  |
| Business address |  |
| Company number |  |
| Website |  |
| Size | [micro/small/medium] |

2. Applicant details

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Email |  |
| Phone |  |

3. Business type / sector

|  |
| --- |
| [Describe] |

4. Business description (nature of business and description of size (e.g., number of sites or size of premises, number of staff, turnover etc) – approximately 100 words

|  |
| --- |
| [Describe] |

5. Please confirm by checking the box that:

I have the authority from the business owner to participate in the program

I commit to engaging with CAfS within the timescales available

My business is not classed as farming, fishing or financial services (debt providers)

My business is not a franchise of a larger business, or part of a chain

My business has not already had a building energy audit

My business has not already benefitted from a Low Carbon Barrow Grant

My business will not exceed the De Minimis limit\* by taking up this support offer.

\* You are being offered assistance valued at £ 3,000 under the De Minimis Regulation 1407/2013 of 18.12.2014 OJ L351/1 of 24.12.2013.  This allows a company to receive up to €200,000 (at the applicable [European Commission monthly exchange rate](http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm)) of De Minimis State aid over a rolling three-tax year period (including the current one). Businesses who will exceed this De Minimis limit by taking up this support offer may be excluded.

If you cannot positively confirm any of the above, pleased provide further details

|  |
| --- |
| [Describe] |

6. Briefly describe why you would like our support – approximately 100 words

|  |
| --- |
| [Describe] |

7. Please indicate your availability for working with us during the following periods:

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Good** | **OK** | **Not good** |
| Sep 22 - Nov 22 |  |  |  |
| Oct 22 – Dec 22 |  |  |  |
| Nov 22 - Jan 23 |  |  |  |
| Dec 22 - Feb 23 |  |  |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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