



UK Government Wales
Llywodraeth y DU Cymru

**LEVELLING
UP**



MERTHYR TYDFIL
County Borough Council
Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL

Merthyr Tydfil Youth Enterprise Grant Application Form

- Your completed application and all supporting documentation should be returned to:

Economic.development@merthyr.gov.uk

SECTION ONE – ABOUT YOU

Business/Company Name:

Name & Address of Applicant

Name & Address of Business or Property to which
application refers (if different)

Postcode:

Postcode:

Job Title:

Job Title:

Telephone No:

Telephone No:

Fax No:

Fax No:

Email:

Email:

Applicant's preferred language for communications:

English ☐

Welsh ☐

Web-site address:-

Will this be your only operating address?

Yes ☐

No ☐

If 'no' please state any other business addresses:

If you will be operating your business from home you need to check if you require planning permission and if you need to register for business rates, please check with the Planning Department

Does the company / director's of company have an interest / shareholding in any of the companies
supplying quotes / estimates for the grant application? ☐ Yes ☐ No

If 'yes' please give details:

SECTION TWO – BUSINESS STRUCTURE

What is the status of your business?

Sole Trader ☐

Limited Company ☐

Community Business ☐

Partnership ☐

Co-operative ☐

Other (please specify) ☐

Company registration no:

VAT registration no:

Sector: Man ☐ Con ☐ Fin ☐ Arts/Rec ☐ Accom/Food Svs ☐ Inf/Comm ☐ Prof/Scien/Tech ☐
Admin/Sup ☐ Other ☐

What is the main activity of your business?

Please indicate when the business was or will be established: / /

SECTION THREE – PROJECT DETAILS

What is the grant required for?

Number of Jobs Created (FTE)

1 full time jobs = 1FTE

1 part time job = 0.5 FTE

Number of Jobs Safeguarded (FTE)

1 full time jobs = 1FTE

1 part time job = 0.5 FTE

What is the total project cost? (**excl. VAT**)

NO VAT ELEMENT WILL BE CONSIDERED FOR GRANT SUPPORT

How much is being applied for?

Please give details of the sources of match funding:

Please list the items for expenditure below for which you would like to receive grant funding:-

At least two comparable quotes must be included

No	Items	1 st Supplier Name	2 nd Supplier Name
1			
2			
3			
4			
5			

Planned Training Courses by 31st of March 2025

	Date	Provider
1		
2		
3		

SECTION FOUR – SUBSIDY CONTROL

In order to minimise distortion of competition, Local Authorities are responsible for subsidy control assessment. Each application will be considered on the basis of its specific circumstances. To assess whether a subsidy is in place, five UK subsidy criteria have been set out. These ask whether the support is:

- A financial (or in-kind) contribution
- Provided by a public authority
- Conferring a benefit
- Selective
- Potentially causing distortion in, or harm to, competition/trade/investment

Please identify any other aid which your enterprise, and enterprises linked to it, may have received during your current and previous three financial years. If you are in doubt about whether previous assistance classes as assistance please contact the organisation that provided it.

I confirm that my company (and any company linked to it) has received the following aid during the current and previous two fiscal years.

Date Aid Approved	Type / Name of Aid	Amount (£)	Source of Assistance / Aid

Minimum Financial Assistance (MFA)

MFA allows public authorities to award low value subsidies without needing to comply with the majority of the subsidy control requirements. MFA has a financial threshold which allows recipients to receive up to £315,000 over three financial years (the current financial year and the two financial years immediately preceding the current financial year).

MTCBC is requesting written confirmation from your business that the MFA threshold specified will not be exceeded by receiving the proposed assistance.

Please note no award can be made until written confirmation is received.

Declaration:

- I confirm that I have read and understood the Minimum Financial Assistance (MFA) guidance above.
- I understand that the grant payment made will not exceed the MFA financial threshold.

SIGNED: _____

POSITION IN ORGANISATION: _____

SECTION FIVE – FORMAL DECLARATION

- I authorise the Council to make any enquiries necessary to verify any information needed to determine my/our application. The information provided in this application may also be shared with colleagues in other departments or Councils and business support organisations in order to assess the application.
- I declare that all the information given on the form is correct, to the best of my knowledge, and that the giving of a false declaration may result in action by the Council against the signatory for recovery of the grant plus costs, charges and expenses relating thereto.
- I confirm that I have full power and authority to act on behalf of the business/organisation that is making this application.
- By signing up to this event/project you agree that your details will be kept by (Merthyr Tydfil County Borough Council) in a secure location. Your data will be destroyed in 2030.

Signed		Print Name	
Position in Company		Date	

