This field will be completed by Advisor from organisation supporting you.

Do you approve this application? YES / NO

Reasons:

Signature of Advisor/Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## If you require this form in an alternative format or have any problems in completing the form, please call the Youth Enterprise & Micro Business team office on 01482 616219

#### Business Plan/Application Form

###### Created by: [Insert your name]

|  |  |
| --- | --- |
| **Business name** | - |
| **Unique Taxpayer Reference (UTR)** |  |
| **Owner(s) name** | - |
| **Home Address** | - |
| **Post Code** | - |
| **Date of Birth** | - |
| **Home Telephone Number** | - |
| **Mobile Telephone Number** | - |
| **E-mail Address** | - |
| **Submitted to** | - |
| **Date** | - |
| **Bank Details** | - Account Name:  - Sort Code:  - Account Number: |

**Tell us a little bit about your enterprising idea**

## What do you want to do?

|  |
| --- |
|  |

If anyone else is supporting you with your idea, please tell us who they are and in what way they are helping. Please state what other financial support you are getting or applying for.

|  |
| --- |
|  |

Total amount of funding you would like to apply for.

|  |
| --- |
| £ |

Would you like a mentor or business advisor to help you with your idea?

(You must have a mentor if no one in the group is aged over 18)

|  |  |
| --- | --- |
| YES | NO |

## 

Do you have a person in mind to mentor & support you?

(If so, please tell us their name and where we can contact them)

|  |
| --- |
|  |

## Please confirm to the Youth Enterprise Adviser that you are willing to be contacted about the services provided by the Hull Youth Enterprise Partners, and are willing to receive up-to date information via –mail or text on services provided:

|  |  |
| --- | --- |
| **Via E-Mail** | - |
| **Via Text** | - |
| **Willing to be part of a Focus Group or act as mentor in the future** | - |

Description of Business

1. Describe the products you make or sell, or the services you provide.

Why you think it is needed? Who will it benefit? How many jobs will your enterprising idea create (including yourself)? If none, how can it help you or others to get a job in the future or how can it contribute to improving your local community?

**These boxes will automatically expand to take as much information as you key in.**

|  |
| --- |
|  |

2. Give details of your business premises or where the business will be based.

|  |
| --- |
|  |

Owner(s) Personal Details

3. Give details of knowledge and experience. Try and show how and where you have built up the relevant skills that will help you with your business idea.

|  |
| --- |
|  |

### Business Training

4. Give details of any training you have had that gives you the skills or business knowledge which will help you succeed with your idea.

If you have plans to have more training or have specific courses that you are looking to undertake, please give details about them and how they will help your business idea.

|  |
| --- |
|  |

Your Market

5. Details of market research (attach evidence)

|  |
| --- |
|  |

6. Who are your customers?

|  |
| --- |
|  |

7. Who are your competitors?

|  |
| --- |
|  |

8. Describe how / where you plan to sell your products / services and advertise / promote your business. Give details of costs.

|  |
| --- |
|  |

9. How / why do you think you will be successful in this market?

|  |
| --- |
|  |

Pricing Policy

10. Explain how much it costs you to produce your products or deliver your services. Include the cost of all your materials and your hourly or daily rate.

You ideally need to aim for the current Minimum Wage or Living Wage per hour (see guidance notes):

National Minimum Wage and National Living Wage rates - GOV.UK (www.gov.uk)

Explain how much money you will charge for your products/services. This figure, minus your costs above, is your profit.  Try and give some real examples of actual materials costs per item, the time it takes to produce, retail price and profit expected per product/service.

|  |
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Sales Analysis

11. Explain how many items / services / jobs you think you will be able to sell over the next 12 months and what your expected income will be.

|  |
| --- |
|  |

Costs

12. List all the things you will need to buy (such as equipment, materials, stock and services) in order to get your business running.

|  |  |
| --- | --- |
| **Description** | **Cost £** |
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|  |  |
| **Total** | **£** |

13. List the things you already own and plan to use in your business & show their value.

|  |  |
| --- | --- |
| **Description** | **Value £** |
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Personal Survival Income

14. Detail below your minimum personal expenditure and any income.

***(Do not include any business costs)***

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION | | | COST £ |
| ***ESTIMATED MONTHLY EXPENDITURE*** | | | |
| Mortgage | | |  |
| Rent | | |  |
| Business rates or Council tax | | |  |
| Water rates | | |  |
| Gas, electricity & oil | | |  |
| All personal & property insurance | | |  |
| Food, housekeeping (including board) | | |  |
| Clothing | | |  |
| Telephone | | |  |
| Hire charges (TV, video etc.) | | |  |
| Entertainment (meals & drinks) | | |  |
| Subscriptions (associations, journals, etc.) | | |  |
| Car tax & insurance | | |  |
| Car service maintenance | | |  |
| Children’s expenditure & presents | | |  |
| Savings plan | | |  |
| Credit card/loan repayments | | |  |
| Other (please state) | | |  |
| Contingencies | | |  |
| ***SUB-TOTAL - EXPENDITURE*** | | **(a)** |  |
| ***ESTIMATED MONTHLY INCOME*** | | | |
| Income from family/partner (total) | | |  |
| Government benefits  **(e.g. Working Tax credits, Incapacity Benefit, Income Support, Job Seekers Allowance and/or Universal Credit)** | | |  |
| Other income (please state) | | |  |
| ***SUB-TOTAL – INCOME*** | **(b)** | |  |
| ***TOTAL SURVIVAL INCOME REQUIRED IN THE YEAR* (a) *LESS* (b) *x12*** | | |  |
| **If your estimated income (b) is greater than your estimated expenditure (a), you should decide how much money you could invest in your business.** | | | |

15. Subsidy Control Declaration (See guidance notes)

|  |  |
| --- | --- |
| I have read and understood the guidance on the new subsidy control regime. The details provided in relation to previous subsidy(ies), including former De Minimis rules and the Covid 19 Temporary Framework, are true and accurate to the best of my knowledge. I accept that it is my responsibility to monitor subsidy received as outlined. | Yes  No |

16. Declaration

|  |  |
| --- | --- |
| I confirm that none of the directors/shareholders/owners have ever:  Been convicted of any offence (whether spent or not and whether or not in the United Kingdom) involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice, intimidation of witnesses or jurors), serious tax offences or other dishonesty) | Yes  No |
| I accept that Hull City Council and its delivery partners do not assume any responsibility for any liability arising from my actions and/or choice of supplier nor from any aspect of any work that myself or my supplier agrees to undertake following support provided by the programme. I confirm that the details provided on this form are current and accurate to the best of my knowledge.  I can confirm that there is no conflict of interest associated with the preferred supplier(s). | Yes  No |
| I accept that Hull City Council will not accept deliberate manipulation and fraud - and any business caught falsifying their records to gain additional grant money will face prosecution under the Fraud Act and any funding issued will be subject to claw back, as may any grants paid in error. | Yes  No |

17. Signed on behalf of the Business

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Position |  |
| Date |  |