

## THE STRATEGIC CAPACITY SUPPORT SCHEME (TOURIST ACCOMMODATION) APPLICATION FORM- CHECKLIST – ROUND 7

|   |   |  |  |
|---|---|--|--|
| <b>Section 1: Business Information</b>              | Company Trading Name  | <input type="checkbox"/>   |  |
|   | Name of Accommodation   | <input type="checkbox"/>   |  |
|   | Owners / Applicants Name – please note the Department reserves the right to contact the registered contact if this differs from the 2021-22 registration form.  | <input type="checkbox"/>   |  |
|   | Accommodation address   | <input type="checkbox"/>   |  |
|   | Contact telephone number and email address  | <input type="checkbox"/>   |  |
|   | Employer Tax Reference Number (if applicable – not applicable for sole traders)   | <input type="checkbox"/>   |  |
|   | National Insurance Number (Self-employed only)  | <input type="checkbox"/>   |  |
|   | VAT Registration Number (if applicable)   | <input type="checkbox"/>   |  |
|   | Company Registration Number (if applicable)   | <input type="checkbox"/>   |  |
| The number and name of all your accommodation units | <input type="checkbox"/>  |  |  |
| <b>Section 2: Eligible Criteria - Part A</b>        | The accommodation type and star rating / accreditation  | <input type="checkbox"/>   |  |
| <b>Section 2: Eligible Criteria - Part B</b>        | <ul style="list-style-type: none"> <li>• Confirm if applying as an employer</li> <li>• Employers: Total number of part and full time employee</li> <li>• Employers and Self Employed: Confirm if you have received funding support to date or due to receive under Salary Support Scheme, Strategic Capacity Scheme and Coronavirus Business Support Scheme.</li> <li>• Confirm you have been financially affected by the COVID-19 pandemic</li> <li>• Confirm that the grant will be used for business purposes only;</li> <li>• Confirm that to the best of its knowledge, it is the intention of the business to continue trading through the current, difficult conditions into the short to mid-term future;</li> <li>• Confirm that the business is not in immediate danger of insolvency, winding up or ceasing to trade on a permanent basis</li> <li>• Confirm the business does not have any overdue payments of more than 3 months which are more than £3,000 relating to Income Tax, National Insurance and VAT;</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |  |
|   | <ul style="list-style-type: none"> <li>• Confirm that the business was registered with the Department, with the registration fee paid (if applicable) by 28<sup>th</sup> February 2021 to cover the 2021 – 2022 period and that there are no fee arrears for previous years.</li> <li>• Declare and list the beneficial owners of the business and their % shareholding;</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/>   |  |
|   | <b>Section 3: Eligible Criteria – Part C</b>  | <ul style="list-style-type: none"> <li>• To be eligible for support under SCS 7, you must demonstrate a fall in turnover of 25 % or more</li> <li>• You must provide your business turnover for the period (1 April 2019 – 31 March 2020 &amp; 1 July 2020 – 30 June 2021) and show the % change in turnover.</li> <li>• Tick if your business is newly registered with no turnover, in which case, half support rates will apply</li> <li>• Agree to offer and allow any customer deposits, advance payments or bookings which had not been able to be honoured as a direct result of COVID restrictions and the emergency measures in respect of the Island’s borders, to be rolled over to the equivalent periods in 2021, 2022, 2023 as a minimum. This condition only applies to customers for whom the accommodation provider has not reached an amicable settlement.</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

## THE STRATEGIC CAPACITY SUPPORT SCHEME (TOURIST ACCOMMODATION) APPLICATION FORM– CHECKLIST – ROUND 7

|                                  |  |
|----------------------------------|--|
|                                  | <ul style="list-style-type: none"> <li>• Confirm that if the business is sold on or before 31st December 2021 or does not open for the 2021 season, (subject to border restrictions), you must inform the Department as all SCS financial assistance will be repayable. Other financial assistance received may be repayable and you must inform the relevant Department. <input type="checkbox"/></li> <li>• Confirm that all conditions of previous Strategic Capacity Schemes have been adhered to including payment of creditors within the local supply chain and mothballing costs; <input type="checkbox"/></li> <li>• Confirm that you understand and agree that the Department has the right to ask for financial records to support the payment from this scheme. <input type="checkbox"/></li> <li>• Declare (and provide evidence on request) to show they are at least 25% down on turnover for the qualifying periods; <input type="checkbox"/></li> <li>• Confirm that you have included any funding received from Strategic Capacity Scheme, Salary Support Scheme and/or Coronavirus Business Support Scheme within the turnover figures provided. <input type="checkbox"/></li> <li>• Confirm that if the business has received Salary Support that this has been included in the turnover provided and has been calculated at the rate of £80 per employee, per week as opposed to the full rate of weekly salary support received <input type="checkbox"/></li> <li>• Confirm by typing applicant’s name in text box <input type="checkbox"/></li> </ul>   |
| Section 3: Payment               | <ul style="list-style-type: none"> <li>• Payment details (bank name, bank address, account name, account number, sort code) <input type="checkbox"/></li> <li>• Confirm you have double checked the bank account details, as any errors may lead to delays <input type="checkbox"/></li> </ul>   |
| Section 4: Declarations – Part A | <ul style="list-style-type: none"> <li>• Confirm the applicant is authorised to make the application. Please note if any details do not match the most recent registration form the team reserve the right to contact the registered contact to confirm the applicant is authorised to apply on their behalf <input type="checkbox"/></li> <li>• Declare the information is correct</li> <li>• Acknowledge that a person who provides false, incomplete or misleading information in connection with an application under the Scheme commits an offence. Maximum penalty (summary) – a fine of level 5 the standard scale and/or 6 months</li> <li>• Acknowledges Freedom of Information Act 2015, Data Protection Act 2018, Law Enforcement Directive 2018, Data Protection Act 2018 and Bribery Act 2013 apply to the scheme. <input type="checkbox"/></li> </ul> <p>Declare: <input type="checkbox"/></p> <ol style="list-style-type: none"> <li>1. I have read and understood the terms of the Scheme and accompanying Guidance.</li> <li>2. I am authorised to submit this application on behalf of the business.</li> <li>3. All business owners are aware of this application.</li> <li>4. The information I have given on this form is correct and complete in relation to the period it covers as to: <ul style="list-style-type: none"> <li>○ the particulars of the business, and</li> <li>○ the qualification of the business under the Scheme</li> </ul> </li> <li>5. I understand that the information I have given on this form may be checked with other sources.</li> <li>6. I understand that if I give information that is incorrect or incomplete I and/or the business may be prosecuted.</li> <li>7. Confirm that the business owner will advise the Department should changes occur to the business that would make the declarations signed void and possibly affect the levels of funding being received.</li> <li>8. Confirm by typing applicant’s name in text box <input type="checkbox"/></li> </ol> |