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**Discretionary Supplier Relief Claim Form**

**Please complete and return this template to:** [**FSsupplierreliefclaims@barnsley.gov.uk**](mailto:FSsupplierreliefclaims@barnsley.gov.uk) **along with any other supporting information.**

**Please refer to the financial support provided by the Government which is available to support businesses affected by COVID-19** [***https://www.gov.uk/government/collections/financial-support-for-businesses-during-coronavirus-covid-19***](https://www.gov.uk/government/collections/financial-support-for-businesses-during-coronavirus-covid-19)

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| **1.** | **Company Details:** | |  |
|  | **Company Name** | |  |
| **Company Registered Office / Business Address** | |  |
| **Company Registration Number** | |  |
| **VAT Registration (if applicable)** | |  |
| **Contact details if different from above** | |  |
| **2** | **Local Authority key contact details** | |  |
| **3** | **Full Contract ID/Details e.g. parties, date of contract, subject matter of contract.** | |  |
| **4** | **Have you have applied for business support from the national government COVID funding scheme, details can be found here:**  [**business support**](https://www.barnsley.gov.uk/services/health-and-wellbeing/covid-19-coronavirus-advice-and-guidance/) | |  |
| **5** | **If yes to question 4, please confirm the nature of business support secured, including values number of employees affected etc and/or confirm if you are awaiting a response to an application for support.**  **If no to question 4 please explain why including details of any claims that have been rejected.** | |  |
| **6** | **Have you claimed any other support from BMBC e.g. business support grant, business rates relief etc.** | |  |
| **7** | **If yes to question 6, please confirm the nature of business support secured, including values and/or confirm if you are awaiting a response to an application for support.**  **If no to question 6 please explain why including details of any claims that have been rejected.** | |  |
| **8** | **Please confirm what level of services you can continue to provide to us at this time.** | |  |
| **9** | **Please confirm whether you would be willing to work with us to identify if there are alternative services that you could supply.** | |  |
| **10** | **Please provide information as to your current and short term projected financial status. Please attach any supporting information.** | |  |
| **11** | **Please confirm the total number of employees.** | |  |
| **12** | **Have you furloughed employees? If so, please provide details including the number and date(s).** | |  |
| **13** | **Has it been necessary to make or consider staff redundancies? If so please provide details** | |  |
| **14** | **Please confirm as to what proportion of your current financial year projected annual turnover is with us. (% and £)** | |  |
| **15** | **Please confirm the financial value of any fixed contract costs in relation to the Contract. Please clearly identify staffing costs separately.** | |  |
| **16** | **Please provide information detailing your supply chain (if any) for this contract and any adverse impact in this regard.**  **E.G. Are supplier’s invoices being paid in accordance with T&Cs?** | |  |
| **17** | **Please confirm whether supplier support by way of direct grants, selective tax advantages and advance payments has been provided to your business by other public sector organisations, and (if so) what the value of that support is in aggregate.** | |  |
| **18** | **Please confirm whether you are seeking to obtain contractual relief from any of your obligations and what form of relief (extensions, no performance failure, waiver of termination rights etc).** | |  |
| **Please provide your Interim Payment Proposal which sets out details of the your proposals to vary the payment profile and/or other terms of your contract to support your cash flow position during the period supplier relief is claimed plus any other supporting information you may wish to provide to help us assess your claim.** | | | |
| **PRINT NAME** | |  | |
| **POSITION** | |  | |
| **SIGNED** | |  | |
| **DATE** | |  | |