

**Covid-19 Discretionary Grant Fund further guidance on how to complete declarations at the end of the application form.**

## Declaration

### IMPORTANT NOTICE REGARDING COUNTER FRAUD

By submitting this online form, applicants are required to confirm that all information is truthful and accurate.

The local authority is required to check that claims made are eligible. If it is discovered that

payments have been made in error or have been claimed as a result of fraud, recovery action will be taken and prosecution will be initiated.

### Consequences of misrepresentation

**Any information provided in this grant application form or any supporting information found to be a serious misrepresentation may have the following consequences.**

The Council may sue the signatory that made the misrepresentation for damages under the Misrepresentation Act 1967;

If fraud, or fraudulent intent, can be proved, the signatory that made the misrepresentation may be prosecuted and convicted of the offence of fraud by false representation under s.2 of the Fraud Act 2006, which can carry a sentence of up to 10 years or a fine (or both); and / or

The business represented by the signatory that made the misrepresentation in the application for grant funding may be excluded from participating in a procurement procedure undertaken by the Council contracts for three years, under regulation 57(8) of the Public Contract Regulations 2015.

**Please ensure you tick the box below (to indicate the accuracy of the information you have submitted)**

☐ I confirm that the information submitted as part of this application is truthful and correct.

### IMPORTANT NOTICE REGARDING YOUR INFORMATION AND INFORMATION GOVERNANCE

I understand that personal data relating to myself and business employees (where applicable) that have been provided by me on this form or uploaded, may be held and processed by authorised officers and employees of Northumberland County Council and other organisations involved in the NCC Local Authority Covid-19 Discretionary Grants Fund scheme. Further privacy information is available on our website - [www.northumberland.gov.uk](http://www.northumberland.gov.uk)

**Please ensure you tick the box below (to indicate that we may use your data to process your application)**

☐ I confirm that I consent to my data being stored and used for the purposes of processing this grant application and for the prevention and detection of fraud as set out above.

## IMPORTANT NOTICE REGARDING STATE AID

The Council has a discretion to make payments to eligible recipients under either the De Minimis rules or the COVID-19 Temporary Framework for UK Authorities (provided all the relevant conditions are met). However, you must confirm that this award complies with the EU law on State aid on the basis that, including this award, the company making the request shall not receive more than €200,000 in total of de minimis aid within the current financial year (or the previous two financial years). See the de minimis Regulations 1407/2013 (as published in the Official Journal of the European Union L352 24.12.2013)

Please ensure you tick the box below (to indicate that by receiving an additional grant from this scheme the total support you have received, from all sources, will not exceed €200,000)

☐ Please select if you agree to the above

For further details on the State Aid implications please refer to paragraphs 46-50 in the government guidance  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/885011/local-authority-discretionary-grants-fund-guidance-local-government.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885011/local-authority-discretionary-grants-fund-guidance-local-government.pdf)

Please complete the boxes below if you have received other grants that contribute to the €200,000 de minimis threshold. If you have received no relevant grants, please leave blank.

Body providing the assistance/ aid

Value of assistance (in €)

Date of assistance

**By ticking the boxes below I confirm that:**

Please ensure you tick the box below (to indicate that you have authority to apply for this grant)

☐ 1) I am authorised to sign on behalf of

[Name of undertaking]

Please complete this with the name of your business

and

[Name of undertaking]

Please complete this with the name of your business

Please ensure you tick this box (to indicate that by receiving an additional grant from this scheme the total support you have received, from all sources, will not exceed €200,000)

☐ shall not exceed its De minimis threshold by accepting this grant payment.

Please ensure you tick this box (to indicate that you wish to receive payment of this further grant, if you application is successful)

☐ By ticking this box, I confirm that I wish to accept any grant payment offered to me under this scheme in relation to the above premises.

NAME OF PERSON SUBMITTING THIS GRANT APPLICATION AND CERTIFYING THE COUNTER FRAUD, INFORMATION GOVERNANCE AND STATE AID STATEMENTS SET OUT ABOVE:

Please complete this with the name of the person filling in this application

POSITION

Please complete this with the position/job of the person filling in this application