**ST HELENS WAYS TO WORK EMPLOYER GRANT**

**EXPRESSION OF INTEREST (EOI) Stage 1**

St Helens Council has a grant offer that aims to stimulate the supply of employment opportunities for residents currently “Inactive”. This grant will be funded by the Strategic Investment Fund (SIF).

There are a limited number of grants available so it is important that you complete and return the **Expression of Interest Form (below)** at your earliest opportunity as funding applications will be selected on a first come first served basis, subject to approval.

**What does this involve?**

You will offer a participant an employment contract for a minimum of 26 weeks, paying at least National Minimum Wage for their age. In return you will receive a grant of £3000 to cover any costs associated with the post. This can be towards the cost of any training required, special equipment needed to carry out the role, or even contributing towards the salary costs paid to the individual. The grant will be paid to you in six instalments of £500, in arrears on a monthly basis once we have received relevant documentation. We will need monthly payslips, bank transfer / BACS records and proof of wage defrayment). Once the documentation has been received in full, we will arrange for payment of the £500 until the full £3000 grant has been reached.

**Taking on a participant**

In order to qualify for the Employer Grant Offer, you must be willing to employ a person ***who meets the following criteria****:*

* Is aged 18 to 24
* **Is a St Helens resident**
* Haven’t been in education, employment or training for the past 6 months
* Is registered with Ways to Work St Helens

**Wages and Hours of work**

The grant available is dependent on eligibility and criteria of the participant.  **In order to qualify for this funding, you must pay the participant the following rates as a minimum**:

**18 - 20 year olds     £8.60 per hour**

**21 to 24 £11.44 per hour**

**All funded employments need to be formally registered with HMRC. Cash in hand payment arrangements are not eligible for this grant.**

**What happens next?**

Once this application has been completed and all supporting information and documents have been submitted, your application will be subject to due diligence checks and verified for approval. Your point of contact will be in touch once and if approved to work with you on the recruitment process. There will be an Agreement document which will outline all the contractual obligations and requirements which will include conditions of the grant, details of the claim process, a blank claim, a blank working out document form.

This project is funded by the Strategic Investment Fund

**SECTION ONE – BUSINESS DETAILS**



|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | | |
| Address |  | | |
| Postcode |  | Email |  |
| Contact No |  | Mobile |  |
| Company Registration No (*if applicable)* |  | VAT Registration No (*if applicable)* |  |
| Is this employer self employed / sole trader? |  | Please provide UTR number. (If a new business and haven’t yet received UTR, please provide evidence of application) |  |
| Date organisation started trading |  | Number of Staff: *(FTE; incl owner/ Director)* |  |
| Legal Status: (Partnership, Limited company, social enterprise, constitution etc) | |  | |
| Sector: (private, public, third sector) | |  | |
| Funding can only be considered for employers whose opportunity falls into certain categories. Please indicate which category your employment opportunities fit into. (Business Growth or Community Benefit) | |  | |

**Does your organisation have the following documents in place**?

****

Public Liability Insurance\* Yes No

Employer Liability Insurance\* Yes No

Health & Safety Policies/Documents\* Yes No

Equal Opportunities Polices/Documents\* Yes No

Risk Assessment\* Yes No

***\*Copies of these documents must be provided with this application form. Your application will go no further if copies are not provided.***

**If applicable, please confirm that you are able to comply with the following condition:**

As this initiative may involve working with young people or other vulnerable groups you shall have a protection policy in place to comply with all relevant laws and good practice throughout the period of the grant agreement. You will ensure that all persons likely to come into contact with children, young people and vulnerable groups has been checked with the Disclosure and Barring Service (DBS) and will undertake Enhanced DBS checks to ensure they are fit to work with children and vulnerable groups. You shall obtain all approvals and licences and any profile checks required by law and if so required by the Council. Can you comply with this condition?

Yes No

How many new employment opportunities will you be applying for with support from the St Helens Ways to Work Employer Grant.

Total No:

Please provide information relating to what, if any, relationship exist between the applicant (or their business) and the Council, or any Council officers:

**SECTION TWO – DETAILS OF THE ROLE**

Please describe the job role/s that you anticipate the participant to undertake.

*If you are applying for more than one position, please include relevant details for all.*

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Brief Job Description: |  | | |
| Location of Post: (if the post holder is based in more than one location, please list all of the relevant sites) |  | | |
| Anticipated Start Date: |  | Anticipated End Date: 26 weeks after start date (Fri) |  |
| Method of Payment: (BACS)  Nb. Cash payments will not be claimable |  | Frequency of Payment: (eg monthly, weekly, every 4 weeks) |  |
| Please can you describe what support mechanisms you have in place to support the employee on a day to day basis, please included details of:   * Induction * Line Management Arrangements * On the job training/training Reviews * Coaching or mentoring support in the workplace * Supervisor Ratio * Location of workplace for candidate | | | |
|  | | | |
| Please state the number of days holiday per annum, bank holiday entitlement and the employee sickness absence payments process operated by your business and included within your Terms and Conditions of Employment. Where possible, please attach a blank copy of the **Terms and Conditions which need to be provided and signed on commencement of employment.** | | | |
|  | | | |

Please provide detailed information about the sustainability and retention of the participant’s employment once the grant funding comes to an end.

|  |
| --- |
|  |

Please provide a proposal of what you plan to use the Employer Grant for.

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION THREE - MFA Declaration** | | | | | | | | | | | | | | |  |  | | |  |  |
|  |  | | |  |  |
|  | | | | | | | | | | | | | | | | | | |  |  |
| To be completed by project deliverer | | | | | | | | | | | | | | | | | | |  |  |
| Project Name: | | | |  | | | | | | | | | | | | | | |  |  |
| Project Number: | | | |  | | | | | | | | | | | | | | |  |  |
| Project Deliverer: | | | |  | | | | | | | | | | | | | | |  |  |
| The Project Named above offers the Enterprise Named below a Minimum Financial Assistance (MFA) subsidy under the Subsidy Control Act (2022), subject to your agreement to, and compliance with, the terms and conditions set out below [relating to MFA and any other terms of the subsidy specified by the Project Named above] | | | | | | | | | | | | | | | | | | |  |  |
| The amount of MFA offered is | | | |  | | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | |  |  |
| To be completed by aid recipient | | | | | | | | | | | | | | | | | | |  |  |
| Business Name: | | | |  | | | | | | | | | | | | | | |  |  |
| Under Section 36 of the Subsidy Control Act (2022) that came in to force on the 4th January 2023 the maximum level of Minimal Financial Assistance (MFA) that an economic actor\* may receive is up to a maximum of £315,000 in any 3 year period.  Under Section 37 (2)(c) you need to declare these amounts to us in the table below and to any other aid awarding body who requests information from you on how much assistance you have received. You must retain records of the award of the subsidy for a period of at least 3 years from the date of the award. This must include any subsidy or support that has been granted as Small Amounts of Financial Assistance and Special Drawing Rights.  Further guidance can be found here: https://www.gov.uk/government/collections/subsidy-control-regime | | | | | | | | | | | | | | | | | | |  |  |
| Organisation Who Provided The Assistance/aid | | | | | | | | | Date of Assistance | | | | | Value of assistance | | | | |  |  |
| (£) | | | | |  |  |
|  | | | | | | | | |  | | | | |  | | | | |  |  |
|  | | | | | | | | |  | | | | |  | | | | |  |  |
|  | | | | | | | | |  | | | | |  | | | | |  |  |
|  | | | | | | | | |  | | | | |  | | | | |  |  |
| \* | | Add or delete rows as necessary | | | | | | | | | | | | | | | | |  |  |
| \*\* | | … This should be the date the aid was approved, not the date the aid was received | | | | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | |  |  |
| **I acknowledge that I am authorised to sign on behalf of the company named in this form and understand the requirements of Subsidy Control I acknowledge that if company named in this form fails to meet the eligibility requirements, the company may become liable to repay the full price that would otherwise be payable in respect of the services received. The information set out on this form is accurate for the purposes of Subsidy Control Your details will be stored securely and retained in compliance with the General Data Protection Regulation (GDPR) (EU) 2016/679 and Data Protection Act 2018.** | | | | | | | | | | | | | | | | | | |  |  |
|  |  |
|  |  |
|  |  |
|  | | | | | | | | | | | | | | | | | | |  |  |
| Name: | | | |  | | | | | | | Signature: | | | |  | | | |  |  |
| Position: | | | |  | | | | | | | Date: | | | |  | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |  |  |
| **Types of Aid**  If you are in any doubt as to whether the assistance you have received is subject to Minimal Financial Assistance, Small Amounts of Financial Assistance or Special Drawing Rights please contact the body which granted the assistance for clarification.  Please find below a sample list of common forms of aid which you may have received over the past three years (please note this list is not exhaustive)  - State Grants; - Interest rate relief; - Tax relief; - Tax credits; - State guarantees or holdings; - State provision of goods or services on preferential terms; - Direct subsidies; - Tax exemptions; - Preferential interest rates; - Guarantees of loans on especially favourable terms; - Acquisitions of land or buildings either gratuitously or on favourable terms; - Provision of goods and services on preferential terms; - Indemnities against operating losses; - Reimbursement of costs in the event of success - State guarantees, whether direct or indirect, to credit operations preferential re-discount rates; - Dividend guarantees; - Preferential public ordering; - Reduction of, or exemption from, charges or taxes, including accelerated depreciation and the reduction of social contributions; - Deferred collection of fiscal or social contributions; - Assistance financed by special levies; - Capital transfers; - Certain State holdings in the capital of undertakings. - Retail Relief | | | | | | | | | | | | | | | | | | |  |  |

**SECTION FOUR – FINANCE**

Please confirm the total number of Employer Grants you would like to apply for, also include the following information:

|  |  |
| --- | --- |
| No of Jobs |  |
| No of Hours per week (per post) |  |
| TOTAL GRANT APPLICATION |  |

\**Funding will be reimbursed at the appropriate National Minimum Wage unless stated otherwise*

**Please note that this grant cannot be used to make additional profits for the organisation and will only be paid on evidence of defrayed expenditure.**

**SECTION FIVE – CLAIMS AND PAYROLL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Person Responsible for submitting the claim to St Helens Council |  | Telephone No: |  |
| Email: |  |
| Person Responsible for Payroll/Accounts |  | Telephone No: |  |
| Email: |  |
| How Is your payroll paid if not BACs |  | | |
| What day is your payroll? |  | What period does it cover? |  |

**Please note: You will be required to provide evidence of defrayment by payslip and bank statement (payroll reports where necessary) in order to verify wage/salary payments to the employee.**

**SECTION SIX – DECLARATION**

Please confirm that you are authorised to sign this application Yes No

on behalf of your organisation

If operating in the public sector, please confirm that N/A y Yes

the job will not lead directly to any trading income

**I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT.**

**Signed: (on behalf of Organisation) …………………………………………………………………………**

**Name: (In Block Capitals) ………………………………………………………..………………………………**

**Position in Organisation: ………………………………………………………..………………………………**

**Date: ………………………..……………….**

We acknowledge that the project is supported by the UK Shared Prosperity Fund.

**Please return Expression of Interest Forms to:**

[waystowork@sthelens.gov.uk](mailto:waystowork@sthelens.gov.uk)

**01744 676131**