**Logistics Fund Application**

**Section 2 - 6**

**Section 2 – Upskill Current Employees**

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| --- | --- | --- | --- | --- | --- | --- |
| **Current Role**  | **New Role**  | **Training Required**  | **No. of People** | **Related expenditure (licence fee, medical etc.)** | **Unit Cost (Net)** | **Total Cost (Net)** |
| *Example**Warehouse Operative* | *LGV Driver*  | *LGV Driver Training*  |  *4*  | *Licence Fee**Training**Medical* | *150**500**70* | *600**2,000**280* |
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| **Total**  |  |  |  | **£** |

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| **Please note any additional information here:**  |
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**Section 3 – Application to Train New Employees**

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| **New Role**  | **Training Required**  | **No of Positions** | **Related expenditure (licence fee, medical etc.)** | **Unit Cost (Net)** | **Total Cost (Net)** |
| *LGV Driver*  | *LGV Driver Training*  | *2* | *Licence Fee* | *150* | *300* |
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| **Total** |  |  |  |  | **£** |

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| **Please note any additional information here:**  |
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**Section 4 – Evidence of Value**

Please use this form to provide details of the individual items/services you wish to purchase and the quotes that you have obtained in respect of the items.

An example has been provided in the first line but please refer to point 3.2 in the guidance notes for requirements.

Continue on a separate sheet if necessary.

**quotes/COSTS received**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item**  | **Supplier 1 -** **(preferred supplier)** | **Net quote**  | **Supplier 2**  | **Net quote** | **Supplier 3** | **Net quote** | **Supplier 4** | **Net quote** |
| ***Example:****Manual Handling Training*  | *ABC Supplies Ltd* | *£2,000.00* | *Supplies R Us* | *£2,100.00* | *Not required* | *n/a* | *Not Required* | *n/a* |
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| **Total Cost** |  | **£** |  |  |  |  |  |  |

Copies of quotes must be submittedwith your application.

**Section 6 – Declaration**

* I confirm the information given in this form and the attached documents are true and accurate to the best of my knowledge and no information has been deliberately withheld. I understand that any misleading statements whether intentional or accidental, given at any stage during the application process, or any material information knowingly withheld, could render my application invalid and may require repayment of any grant.
* I have read and understood the criteria for this grant.
* I confirm I have read and consent to the privacy notice included with this application.
* I will notify Antrim and Newtownabbey Borough Council in writing of any changes in the details of this application and in particular the award of any further funding from other sources.

|  |  |
| --- | --- |
| Signed by applicant:  |  |
|  |  |
| Print name:  |  |
| Position held:  |  |
|  |  |
| Date: |  |

Please note submission of this application does not guarantee an offer of funding.

**Please submit the completed application form together with items listed in the checklist to skills@antrimandnewtownabbey.gov.uk**

If you have any queries, please contact the skills team by email on skills@antrimandewtownabbey.gov.uk or contact Michelle Pearson on 028 9034 0018.

### **FRAUD WARNING**

To knowingly or recklessly make a false statement to obtain aid for yourself or anyone else, will lead to disqualification, liability to refund of any aid already paid and possible prosecution.

The information provided on this form may be made available to other Departments/Agencies for the purposes of preventing and detecting crime.