**Insert your business address/put on headed paper**

Business Grants Team

South Derbyshire District Council

Civic Offices,

Civic Way,

Swadlincote,

Derbyshire DE11 0AH.

Dear Business Grants Team,

State Aid Declaration

The letter declares that by accepting this grant payment, we will not exceed our de minimis State Aid threshold of:

|  |  |
| --- | --- |
| [ ]  **€200,000** | (this applies if you are eligible for Small Business Rate Relief or Rural Rate Relief) |
| [ ]  **€800,000** | (this applies if you are eligible for the Expanded Retail Discount Scheme)  |

The below table sets out the State Aid we have received in a rolling three-year period (e.g. current financial year (2020/2021) and previous two financial years):

|  |  |  |  |
| --- | --- | --- | --- |
| **Date received**  | **Organisation providing State Aid** | **Nature of State Aid**  | **Amount**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I confirm that:

|  |  |
| --- | --- |
| [ ]  | **I am authorised to sign on behalf of {enter business name}** |
| [ ]  | **I declare that in accepting this payment shall {enter business name} not exceed its de minimis State Aid threshold.**  |

Aid may be granted to undertakings that were not in difficulty (within the meaning of Article 2(18) of the General Block Exemption Regulation) on 31 December 2019, but that faced difficulties or entered in difficulty thereafter as a result of the COVID-19 outbreak. This aid is in addition to any aid that you may have received under the De Minimis regulation allowing aid of up to €200,000 to any one organisation over a three fiscal year period (i.e. your current fiscal year and previous two fiscal years), and any other approved aid you have received under other State aid rules, such as aid granted under the General Block Exemption Regulation.

|  |  |
| --- | --- |
| [ ]  | **I declare that my business was not in difficulty (within the meaning of Article 2(18) of the General Block Exemption Regulation) on 31 December 2019.** |

Name: {enter name of person signing}

Position: {enter job title of person signing}

Date:

\*Signature:

*\*Please note* ***we will accept*** *digital/photographic signatures.*