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| **APPLICATION FOR FINANCIAL AID UP TO CZK 20 000** the aid to smaller enterprises in relation to the emergency measures | | | | |
| **APPLICANT'S DETAILS** | | | | |
| Name and surname / name of legal entity: |  | | | |
| Address/registered seat: |  | | | |
| Bank account number: |  | | | |
| Identification number (IČO): |  | Tax identification number (DIČ): |  | |
| **BUSINESS DETAILS** | | | | |
| The business activity carried out in the premises |  | | | |
| Address of the business premises |  | | | |
| **CONTACT PERSON:** | | | | |
| Name and surname: |  | | | |
| Email: |  | | | |
| Phone (mobile): |  | | | |
| THE LIST OF COSTS (the rehabilitation of which the financial aid is applied for) | | | | |
| **Cost item\*** | **Description of the cost item related to the business activity** | | | **Amount in CZK** |
|  |  | | |  |
|  |  | | |  |
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|  |  | | |  |
| **The total amount in CZK** |  | | | |
| **DECLARATION OF HONOUR** | | | | |
| As the applicant for financial aid for entrepreneurs I hereby declare that:   * by 13. March 2020 I was carrying a business activity in the premises specified in this application form and based on the Resolution of the Government of the Czech Republic no. 211 adopted on 14. March 2020 I have interrupted my business activity in these premises. * the total turnover for the last financial year, individually or as the turnover of property-related entities, did not exceed CZK 6 million. * the costs, the rehabilitation of which is the financial aid applied for, are related to the business activities carried out in the premises specified in this application form. * the costs, the rehabilitation of which is this financial aid applied for, are not claimed in another COVID-19 related aid mechanism (e.g. remission of rent/lease) | | | | |
|  | | | | |
| **SIGNATURE**  **OF THE APPLICANT** | **DATE: ……………………………**  **signature** | | | |

*\*salary of employees, services/utilities advance payments, loan instalments, rent, etc... Due to government decisions, please do not send social and health insurance costs.*

**The application form can be submitted by (chose one option):**   
- data box, (ID: 5zubv7w)  
- electronically signed email sent to the address: [posta@ostrava.cz](mailto:posta@ostrava.cz)  
- printed and signed application form sent to the address: Podatelna, Magistrát města Ostravy, Prokešovo náměstí 1803/8, 729 30 Ostrava Moravská Ostrava

**Need a help with the application form? Need an explanation?**  
Please send your inquiries only to the email. In the current situation, we cannot handle all your requests by phone and email communication is the most efficient and fastest way to help you at the moment.

[**pomoc@ostrava.cz**](mailto:pomoc@ostrava.cz)