

Office use only

Local Authority:

Ref No: ____ / ____

Caldicot Town Centre:

Targeted Regeneration Investment Scheme

Urban Centre Property Enhancement Fund / Urban Centre Living Grant

Application Form

This form is available in Welsh/ Mae'r ffurflen hon ar gael yn Gymraeg

Correspondence is welcomed in Welsh and English/ Croesawir Gohebiaeth yn y
Gymraeg neu yn Saesneg



**Gweithio mewn partneriaeth â
Llywodraeth Cymru
Y Gronfa Targedu Buddsoddi**

**Working in partnership with
Welsh Government
Targeted Regeneration
Investment Fund**

APPLICATION FORM

- Please complete and return the application form to: Sadie Beer, Monmouthshire County Council, County Hall, The Rhadyr, Usk, NP15 1GA
- The Council is committed to keeping your personal information safe and secure and keeping you informed about how we use your information. For further information, please visit <https://www.monmouthshire.gov.uk/caldicot-privacy/>
- Before completing this application form you are advised to seek legal & financial advice

Please refer to the 'Guidance Notes' for Applicants and indicate which grant you are applying for? (Please place X in the appropriate box)

Urban Centre Property Enhancement Fund

Urban Centre Living Grant

Both

SECTION 1 – APPLICANT DETAILS

Name of Applicant:	
Address & Postcode of Organisation/ Individual Applying for Grant:	Address & Postcode of Property to which application refers (if different):
Telephone No:	Telephone No:
Position in Organisation:	
Email Address:	
Web-site address:	
How long has your business operated from the property to which your application refers?	
If less than 2 years, was this move a relocation?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the names of ALL the Proprietor/Partners/Directors in the Business:	

Does the applicant have an interest and/or shareholding in any of the companies supplying quotes/estimates for the grant application? (Please refer to clause 8.3 of the Guidance Notes - Where applicants have an interest in companies wishing to tender for the work, this will be permitted, but restricted to a maximum of one company per project).

Yes No If 'Yes' please give details:

Does the applicant have any connection with any of the contractors invited to tender – such as relatives, business partners or friends (please see section 8.4 of guidance notes for further information)

Yes No If 'Yes' please give details:

Please complete Agent details below:

Agent Name:		Profession:	
State membership of professional body and relevant qualifications:			
Membership Number:			
Address and postcode:			
Telephone No:		Mobile:	
E-mail address:			

SECTION 2 – ORGANISATION STRUCTURE & FINANCIAL INFORMATION

2.1 What is the status of your organisation?

Sole Trader	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Registered Social Landlord	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>	Freeholder/Property Owner	<input type="checkbox"/>
Community Business	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

2.2 Size of Business:

Small Enterprise (Employs fewer than 50 people and has an annual turnover or annual balance sheet total that does not exceed EUR 10 million.)

Medium Sized Enterprise (Employs fewer than 250 people and either has an annual turnover that does not exceed EUR 50 million, or an annual balance sheet not exceeding EUR 43 million.)

Large Enterprise (Any enterprise that is not an SME.)

2.3 Linked Enterprise:

Is your enterprise linked to one or more other enterprises? Please tick as appropriate

Linked means:	
One enterprise holds a majority of the shareholders' or members voting rights in another	<input type="checkbox"/> Yes <input type="checkbox"/> No
One enterprise is entitled to appoint or remove a majority of the administrative, management or supervisory body of another	<input type="checkbox"/> Yes <input type="checkbox"/> No
A contract between the enterprises, or a provision in the memorandum or articles of association of one of the enterprises, enables one to exercise a dominant influence over the other;	<input type="checkbox"/> Yes <input type="checkbox"/> No
One enterprise is able, by agreement, to exercise sole control over a majority of shareholders' or members' voting rights in another.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.4 Accounts:

Please indicate if your business falls within the following categories and please supply the required information stated –

Limited company – please provide :
A copy of the company's last 3 years audited accounts (no older than 9 months)

Sole trader or partnership – please provide:
A copy of the applicant's 3 years self-assessment tax returns

A new start-up – please provide:
A copy of the business plan which should identify funding sources

2.5 Company / Charity registration no:	
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2.6 VAT registration no:	
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2.7 Please indicate when the organisation was established:	
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Please ensure that accurate information is provided, failure to provide this may result in the grant being forfeited or reclaimed.

SECTION 3 – PROJECT DETAILS

3.1 Please provide a detailed description of the proposed works that the grant is required for and the location the works. Please state if you are applying for UCPEF, UCLG or both.

3.2 Please explain why the funding is required?
(please provide supporting information if available e.g. survey report)

3.3 Please provide a business plan for the project

3.4 Please describe the after use of the property as a result of the funding.

3.5 Please demonstrate how the project will enhance:

The Property

Caldicot Town Centre

3.6 Please list the details of tenders supplied (Please refer to sections 8 & 9 'Contractors' & 'Procurement' of the Guidance Notes for an explanation of what is required)

TENDERS – Please list in order of price – lowest first.

Name of Company		Net cost £	VAT £	Gross Cost £
Preliminaries				
Building Works - External				
Building Works - Internal				
Contingency				
Total				

Name of Company		Net cost £	VAT £	Gross Cost £
Preliminaries				
Building Works - External				
Building Works - Internal				
Contingency				
Total				

Name of Company		Net cost £	VAT £	Gross Cost £
Preliminaries				
Building Works - External				
Building Works - Internal				
Contingency				
Total				

Name of Company		Net cost £	VAT £	Gross Cost £
Preliminaries				
Building Works - External				
Building Works - Internal				
Contingency				
Total				

3.7 Agent Fees

Agent	Net cost £	VAT £	Gross Cost £
Agent Fees			
3.8 How much grant are you applying for based on –		Total Grant Request £	
Lowest Tender			
Agents Fees			
Total			
3.9 Have you applied for other sources of funding? If you were unsuccessful, please state reasons why?			
Please confirm the amount of match funding you will be contributing towards the project: £	Please confirm how you intend to finance your contribution to the project.	Please provide confirmation in the form of a bank letter or official documentation (original paperwork will be required) such as a bank statement.	

SECTION 4 – PROPERTY DETAILS

Please refer to Section 5 'Applicant Eligibility' and Section 13 'Insurance' of the Guidance notes for an explanation of what is required.

4.1 Your interest in the property?	Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/>
4.2 Please state the extent of your interest in the ownership/occupancy of the property (e.g. ground floor, whole property etc.)	
4.3 If Leasehold, what is the period of the lease? (This must be a minimum of 7 years) Please note - a copy of the lease and a letter of consent from the Freeholder will be required to be submitted with the application	
4.4 Please state the Title Registration Number	

4.5 Is the property subject to a mortgage? If yes, please provide mortgage details	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.6 Is the property subject to any secured loans? If yes, please provide loan details	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.7 Has the lender provided consent for the works? (please attach evidence)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.8 Is the grant required to bring a vacant property into use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the project received Planning Permission? ((If yes) quote Ref..... Date.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.9 Has the project received Building Regulations Approval? (If yes) quote Ref..... Date.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.10 Does the property have adequate, comprehensive Building Insurance to the value of full reinstatement? (copy to be supplied)	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 5 – PROJECT OUTPUTS

For Urban City Property Enhancement Grant: complete Section 5a
For Urban City Living Grant: complete Section 5b
If you are applying for both grants you should complete both Section 5a and 5b

SECTION 5a

What benefits will the Grant Investment Provide?
(Please refer to section 10 Outputs of the guidance notes for an explanation of what is required)

i) Gross jobs created	
ii) Number of Jobs accommodated (enabled through regeneration investment)	
iii) Enterprises accommodated	

iv) Non-residential premises created or refurbished (sq m)					
v) Non-residential premises created or refurbished (number)					
vi) Number of empty non-residential units brought back into use					
vii) Please provide a breakdown of the existing and proposed floorspace:					
Floor	Current usage: prior to investment	(m²)	Proposed usage: as a result of investment	(m²)	Additional floor space created (m²)
Basement					
Ground					
First					
Second					
Total					
Please describe how your project will contribute to the following Community Benefits. (Please refer to Section 10 - Outputs of the guidance notes for an explanation of what is required)					
i) Training & Employment Opportunities					
ii) Supply Chain Opportunities for SME's based in Wales					
iii) Contributions to the Community & Education					
SECTION 5b					
What benefits will the Grant Investment Provide? (Please refer to Section 8 Outputs of the guidance notes for an explanation of what is required)					
i) Number of Additional Market housing units (Built or ready for Occupation): as a direct result of Grant support)					

ii) Number of Additional Social housing units (Built or ready for Occupation: as a direct result of Grant support	
iii) Number of Additional Intermediate housing units (Built or ready for Occupation): as a direct result of TRI support	
iv) Number of empty non-residential units brought back into use	
Please describe how your project will contribute to the following Community Benefits. (Please refer to Section 8 - Outputs of the guidance notes for an explanation of what is required)	
i) Training & Employment Opportunities	
ii) Supply Chain Opportunities for SME's based in Wales	
iii) Contributions to the Community & Education	

SECTION 6 – BUSINESS BANK DETAILS (required for grant payment)			
Name and Address of Bank:			
Account Name:			
Bank sort code:	___ - ___ - ___	Bank account number:	

SECTION 7 – DECLARATION
If you or any of the Partners/Directors/Co-owners can answer YES to the following statements, please provide full details on a separate sheet.
Are you related to or have a personal association with a Councillor, chief officer of the council or project officer dealing with this grant application? (Relative means: husband/wife, parent/child, grandparent/grandchild, brother/sister, uncle/aunt, nephew/niece or if any of these relationships apply to your partner)
Have an interest in any other business, whether or not in connection with this grant application?
Statement attached Yes <input type="checkbox"/> No <input type="checkbox"/>

STATE AID

In order to minimise distortion of competition the European Commission sets limits on how much assistance can be given to organisations operating in a competitive market. You may be offered assistance under the European Commission's State Aid De Minimis Regulation, which allows an enterprise to receive up to €200,000 of De Minimis aid over a rolling 3 year period.

Please identify any other De Minimis aid, which your enterprise, and enterprises linked to it, may have received during your current and previous two financial years. If you are in doubt about whether previous assistance classes as De Minimis assistance please contact the organisation that provided it.

I confirm that my company (and any company linked to it) has received the following De Minimis aid during the current and previous two fiscal years.

Date Aid Approved	Type / Name of Aid	Amount (£)	Source of Assistance / Aid

SECTION 8 – AUTHORISATION

I declare that all the information given in the form is correct, to the best of my knowledge, and that the giving of a false declaration or failing to declare relevant information, contraventions or convictions may result in action by the Council against the signatory for recovery of the grant plus costs, charges and expenses relating thereto.

I confirm that I have full power and Authority to act on behalf of the business/organisation that is making the application.

I confirm that I am over 18 years of age.

I authorise the Council to make any enquiries necessary to verify any information needed to determine the application. The information provided in this application may also be shared with colleagues in other departments or Councils, the Welsh Government and any other appropriate organisation in order to assess the application.

I authorise Monmouthshire County Council to use details of my business for publicity purposes.

Signed:		Print Name:	
Date:		Position in Business:	

Data Protection & Declaration

Data Protection

Under General Data Protection Regulations (GDPR), you have given your consent to the Council to process your data to assess your eligibility for the Urban Centre Property Enhancement Scheme and Urban Centre Living Grant.

By signing this form, the applicant permits us to check with other council departments (such as Business Rates, Domestic Rates, Licensing, Enforcement and Planning) and external agencies, as required, regarding eligibility for funding. We will not give information about you to anyone else, or use information about you for other purposes without your permission, unless required by law to do so.

This authority is under a duty to protect the public funds it administers, and to this end we may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other MCC Council departments / other bodies responsible for auditing or administering public funds for these purposes.

For further information, please visit <https://www.monmouthshire.gov.uk/caldicot-privacy/>

Declaration

I declare that the information provided in this form is correct to the best of my knowledge.

Signature:		Date:	
Print Name		Position in company:	

SECTION 9 - CHECKLIST

Prior to submitting your application, please ensure that you have attached all the following information.

Copies of (minimum) 3 Tenders	<input type="checkbox"/>
Evidence of tender invitation postage and return	<input type="checkbox"/>
Tender Report	<input type="checkbox"/>
Evidence of Rent Smart Wales Accreditation (for UCLG)	<input type="checkbox"/>
Evidence of HMO licenses/s (for UCLG – if applicable)	<input type="checkbox"/>
Itemised schedule of works / bill of quantities	<input type="checkbox"/>
2 copies of scaled drawings	<input type="checkbox"/>
Recent photographs of the property	<input type="checkbox"/>
Details of statutory consents	<input type="checkbox"/>
Copy of building insurance certification	<input type="checkbox"/>
Letter of consent from Freeholder (If Leaseholder)	<input type="checkbox"/>
Copy of lease agreement from Freeholder (If Leaseholder)	<input type="checkbox"/>
Mortgage details (on property)	<input type="checkbox"/>
Loan details (on property)	<input type="checkbox"/>
Evidence of match funding	<input type="checkbox"/>
Accounts	<input type="checkbox"/>
Business Plan	<input type="checkbox"/>
Survey Report (if applicable)	<input type="checkbox"/>

Please attach any other relevant information that you wish to support your application

Please return this completed form together with any other relevant supplementary or supporting information to:

**Sadie Beer, Town Centre Engagement Officer,
Monmouthshire County Council, County Hall,
The Rhadyr, Usk, NP15 1GA**

Or via email to:

Sadiebeer@monmouthshire.gov.uk