

CARMARTHENSHIRE TOWN CENTRE RECOVERY FUND

APPLICATION FORM

Local Authority, Town Council, Business Improvement District

80% Maximum Grant - Capital spend only

- Eligible schemes include:
 - Awnings, canopies, marquees, outdoor heating where they facilitate outdoor trading
 - Outdoor chairs and tables
 - Screening, bollards, planters where linked to safety improvements
 - Outdoor servery
 - Outdoor market provision
 - Social distancing measures
 - Adaption to public realm
 - Creation of Parklets

Please return your completed application to:

Email: <u>businessfund@carmarthenshire.gov.uk</u>

PLEASE ANSWER ALL QUESTIONS, AND TICK APPROPRIATE BOXES WHERE NECESSARY.

INCOMPLETE FORMS CANNOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT

Applications will be considered on a first come first served basis

SECTION 1 – APPLICANT DETAILS
Name & Address of Applicant
Postcode:
Telephone No:
Fax No:
Email:
SECTION 2 – PROJECT DETAILS
All items purchased through the grant must adhere to CCC 3 rd party procurement guidelines. All supporting information must be submitted with application.
Quotes up to £4,999 net – 1 quote Value between £5,000 net - £24,999 – 3 quotes
Note : The grant will be assessed on the lowest quote for eligible expenditure only. Please see copy of Third Party Procurement rules.
Please give a description of your project and what you intend to purchase

supplier, however, the grant awarded will be based on the lowest quote) Please refer to guidance document Net VAT **Gross Supplier** Item £ £ £ Item: Supplier: Reason: Item: Supplier: Reason: Supplier: Item: Reason: Supplier: Item: Reason: Supplier: Item: Reason: Supplier: Item: Reason: NB. If you are purchasing second hand equipment, please refer to the Guidance Document. Items purchased through lease purchase, hire purchase, extended credit will not be considered for grant funding. Cash purchases will not be considered for grant payment. Items purchased with credit cards are eligible but applicant will need to demonstrate that the amount on the credit card bill associated to the item(s) in the grant application has been paid in full prior to grant claim. Please give details of the sources of match funding below: e.g. savings, business account etc Status - secured / applied for / Specify source Amount to be applied for Own Bank Loan Bank Overdraft Other Borrowings Other sources

Please provide details of preferred supplier for each item (You may chose your preferred

SECTION 3 –		
Licences and Permissions		
Are you planning on installing items of equipment or furniture on land you own?	Yes/no (delete as appropriate)	
If yes, please provide copies of the necessary permissions to event that these are required, applications will need to be su		
Management Plan		
As per the terms of the grant CCC reserve the right to monitor applicants at 1, 3 and 5 year intervals as requested by Welsh Government. Please detail below your management plan for the items purchased through the grant.		
Branding		
Please detail how any applicable items will alighten branding.	gn with the bilingual town centre	

SECTION 4 –BANK DETAILS (required for grant payment)		
Account Name: Name and Address of Bank:		
Bank Sort Code: Bank Account Number:		
I/we authorise the Council to make any enquiries necessary to verify any information needed to determine my application. The information provided in this application may also be shared with colleagues in other departments and business support organisations in order to assess the application.		
 I/we declare that all the information given on the form is correct, to the best of my knowledge, and that the giving of a false declaration may result in action by the Council against the signatory for recovery of the grant plus costs, charges and expenses relating thereto. 		
I/we also confirm that I have full power and authority to act on behalf of the business/organisation that is making this application.		

Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1998

Print

Name

Date

Checklist for submission

Signed

Title

Position in Company / Job

Signed application form	
Copies of quotations *	
Management plan	
Licences / statutory approvals (where applicable)	
Site plan (if applicable)	

Please return this completed application form together with the relevant supporting information to:-

Email: businessfund@carmarthenshire.gov.uk