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Local Authority: **TCBC**

Ref No: EOI/0\*\*

**TORFAEN TOWN CENTRE PLACEMAKING FUND**

***Urban Centre Property Enhancement Fund (UCPEF) & Urban Centre Living Grant Fund (UCLGF)***

EXPRESSION OF INTEREST (EOI) FORM





**Please complete the EOI form electronically. Incomplete Forms will be returned to the applicant.**

The Council is committed to keeping your personal information safe and secure and keeping you informed about how we use your information. To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice and the Councils data protection pages www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomofInformation/DataProtection/Privacy-Notice/PrivacyNotice.aspx

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| --- | --- | --- | --- |
| **SECTION 1 – APPLICANT DETAILS** | | | |
| Communication of Choice: English  Welsh  Other  (Please state) | | | |
| Business / Company Name: | | | |
| 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? *For new companies please enter the date to begin trading with other businesses.* | | |  |

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| **AGENT DETAILS** | | | | | |
| Has an independent and professionally qualified Agent been appointed to co-ordinate/manage the project:  Yes  No   * *If ‘Yes’ please complete details below. If ‘No’ please state reason and current position:* | | | | | |
| 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: |  | | | | |

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| **SECTION 2 – BUSINESS STRUCTURE & FINANCIAL INFORMATION** | | | | |
| What is the status of your business / organisation? *(please specify below)* | | | | |
| Sole Trader  Partnership  Limited Company  Community Business |  | | Co-operative  Registered Social Landlord  Freeholder/Property Owner  Other (please specify) |  |
|
| Sector & Main Activity of the Business: | | |  | |
| Micro Enterprise (Employing fewer than 10 employees and with an annual turnover or balance sheet below EUR 2 Million  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 ME, SE or MSE.)   * *A large enterprise would only qualify if the property is deemed to have a detrimental impact on the town/street scape, as determined by the Council.* | | | | |
| Company /  Charity registration No: | |  | | |
| VAT registration No.  *Please state if not VAT registered* | |  | | |

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| **SECTION 3 – PROJECT DETAILS (Costs, Grant Request & Match Funding)** | |
| Is the grant required to bring a vacant property back in to use? Yes  No | |
| What Type of Grant would you be seeking? | Commercial (UCPEF)  Residential (UCLGF)  Joint Commercial & Residential  (UCPEF/UCLGF) |
| Please provide a detailed description of the proposed works that the grant is required for.   * *Please also demonstrate how the project will enhance & benefit the Property and the Town Centre*. | |
|  | |
| Please explain why the Grant funding is required and why you cannot fund the project from other funding sources or your own resources?   * *The funding viability gap to take forward your project needs to be demonstrated. Please outline what attempts have been made to fund your project from other sources. If you were unsuccessful, please state reasons why?* | |
|  | |
| If a new Business / Enterprise and in order to better understand the business proposal, please outline the status/position of your Business Plan: | |
|  | |
| Please briefly describe the intended after use of the property if grant funding was offered. | |
|  | |
| What are the anticipated timescales for delivering your project?  Anticipated Start Date: Anticipated End Date: | |

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| **PROJECT COST ESTIMATES, GRANT REQUEST & MATCH FUNDING** | | | | |
| Have the works been appropriately Procured / Tendered?  Yes  No   * *If ‘Yes’ please identify companies and tender costs & confirm preferred company and if ‘No’ please outline the current position and estimated cost if available:* | | | | |
| Please note:   * Value of works between £15,000 - £149,999: *a minimum of 3 invitations to tender will be required* * Value of works over £150,000: *a minimum of 4 invitations to tender will be required* | | | | |
| TENDERS – Please list in order of price with the lowest (preferred company) first. | | | | |
| ***WORKS COST*** | | | | |
| **Name of Company** |  | **Net cost**  **£** | **VAT**  **£** | **Gross Cost**  **£** |
| Preliminaries | |  |  |  |
| Building Works | |  |  |  |
| Internal Works | |  |  |  |
| Contingency | |  |  |  |
| Professional Fees | |  |  |  |
| **Total** | |  |  |  |

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| --- | --- | --- | --- | --- |
| **Name of Company** |  | **Net cost**  **£** | **VAT**  **£** | **Gross Cost**  **£** |
| Preliminaries | |  |  |  |
| Building Works | |  |  |  |
| Internal Works | |  |  |  |
| Contingency | |  |  |  |
| Professional Fees | |  |  |  |
| **Total** | |  |  |  |

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| --- | --- | --- | --- | --- |
| **Name of Company** |  | **Net cost**  **£** | **VAT**  **£** | **Gross Cost**  **£** |
| Preliminaries | |  |  |  |
| Building Works | |  |  |  |
| Internal Works | |  |  |  |
| Contingency | |  |  |  |
| Professional Fees | |  |  |  |
| **Total** | |  |  |  |
| **Name of Company** |  | **Net cost**  **£** | **VAT**  **£** | **Gross Cost**  **£** |
| Preliminaries | |  |  |  |
| Building Works | |  |  |  |
| Internal Works | |  |  |  |
| Contingency | |  |  |  |
| Professional Fees | |  |  |  |
| **Total** | |  |  |  |

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| **SUMMARY OF PROJECT COSTS** | **Net cost**  **£** | **VAT**  **£** | **Gross Cost**  **£** |
| Agent Fees |  |  |  |
| Lowest Tender |  |  |  |
| **TOTAL** |  |  |  |

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| **POTENTIAL GRANT REQUEST & YOUR CONTRIBUTION** |
| Please identify how much funding, along with the % rate you would be applying for?   * *The Grant Request and subsequent intervention rate must be the minimum required to bring the project forward.* * *The maximum intervention rate yet to be confirmed, but could be up to 70% of Total Project Cost, up to a maximum award of £250,000.* |
| **CAPITAL GRANT REQUEST: £\*\*\*\*\*\*\*\*\*£\*\*\*\*\*\***  **Intervention Percentage Rate: \*\*%**  Your Contribution (Private Match): £\*\*\*\*\*\*\*\*\*\*\*\* |
| Evidence of Private Match Funding - Please confirm how you intend to finance your contribution to the project. |
| Has your contribution been secured? Yes  No   * *If ‘No’ please indicate current position.* |

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| **SECTION 4 – PROPERTY DETAILS** | |
| Your interest in the property? | Freehold  Leasehold |
| Please state the extent of your interest in the ownership/occupancy of the property (e.g. ground floor, whole property etc.) |  |
| If Leasehold, please identify the period of the lease? (This must be a minimum of 7 years) |  |
| Please state the Title Registration Number |  |
| Is the property subject to a mortgage? | Yes  No |
| Is the property subject to any secured loans? | Yes  No |
| Has the lender provided consent for the works? | Yes  No |
|  | |
| Does the project require Planning Permission and has this been acquired? (e.g. change of use)  (If yes) quote Ref………………………………  Date…………………………….. | Yes  No |
| Are Building Regulations required?  (If yes) quote Ref……………………………….  Date…………………………….. | Yes  No |
| Does the property have Listed Building status?  If ‘Yes’ provide details of listed building consent acquired:  Ref………………………………  Date…………………………….. | Yes  No |
| Does the property have appropriate Building Insurance? | Yes  No |

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| **SECTION 5 – PROJECT OUTPUTS** |
| What are the likely benefits that your project and the Grant investment will provide?   * *Please outline below your anticipated project outputs, whether considering the Commercial UCPEF or the Residential UCLGF or both.* |
| |  |  | | --- | --- | | **Urban Centre Property Enhancement Fund (Commercial)** |  | | Number of new jobs created (plus number of working hours) |  | | Number of existing jobs accommodated through regeneration investment (plus working hours) |  | | Number of businesses operating in the building |  | | Non-residential premises created or refurbished (sq m) |  | | Non-residential premises created or refurbished (number) |  | | Number of empty non-residential units brought back into use |  | | **Urban Centre Living Grant Fund (Residential)** |  | | Number of Additional Market housing units (Built or ready for Occupation – as a direct result of TRI support) |  | | Number of Additional Social housing units (Built or ready for Occupation – as a direct result of TRI support) |  | | Number of Additional Intermediate housing units (Built or ready for Occupation – as a direct result of TRI support) |  | | Number of empty non-residential units brought back into use |  | |

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| Please also complete the following table on existing floorspace and the anticipated floorspace improved following the completion of the project. | | | | | |
| **Floor** | **Please describe current usage (prior to investment)** | **(m2)** | **Please describe proposed usage (as a result of investment)**  **State if commercial or residential use** | **(m2)** | **Additional floor space created (m2)** |
| **Basement** |  |  |  |  |  |
| **Ground floor** |  |  |  |  |  |
| **First floor** |  |  |  |  |  |
| **Second floor** |  |  |  |  |  |
| **Attic** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

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| **SECTION 6 – PREVIOUS PUBLIC FUNDS** |
| Please identify any other public funding/aid, which your enterprise, and enterprises linked to it, may have received during the current and previous two financial years. | |
| |  |  |  | | --- | --- | --- | | **Date Aid Approved** | **Amount Awarded**  **(£)** | **Name / Source of Assistance** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **TOTAL** |  |  | | |

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| **SECTION 7 – AUTHORISATION & DATA PROTECTION** | | | |
| 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.  I confirm that I have full power and Authority to act on behalf of the business/organisation that is making the EOI.  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 EOI. The information provided in this EOI may also be shared with colleagues in other departments or Councils, the Welsh Government and any other appropriate organisation in order to assess. | | | |
| Signature: |  | Print Name: |  |
| Date: |  | Position in Business: |  |

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| **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 Fund.  By signing this form the applicant agrees to us checking with other council departments such as Business Rates, Domestic Rates, Licensing, Enforcement and Planning. 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 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 Torfaen County Borough Council departments / other bodies responsible for auditing or administering public funds for these purposes.  For further information on the Council’s privacy policy, please see: www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomofInformation/DataProtection/Privacy-Notice/PrivacyNotice.aspx  **Declaration**  I declare that the information provided in this form is correct to the best of my knowledge. | | | |
| Signature: |  | Date: |  |
| Position in company: |  | | |

***PLEASE RETURN THIS FORM BY 19th AUGUST 2022 to [carla.kavanagh@torfaen.gov.uk](mailto:carla.kavanagh@torfaen.gov.uk)***