Govan Cross Townso Conservation Area F	GovanCross townscapeheritageinitiative conservation area regeneration scheme						
TRADITIONAL SHOPFRONT IMPROVEMENT GRANT FORM 2 – Grant Application Form			Orkney Street Enterprise Centre 18 Orkney Street Govan, Glasgow G51 2BX				
1. SHOP NAME							
2. APPLICANT NAME			ORGANISATION NAME				
3. ADDRESS OF PROPERTY			POSTCODE				
(WHERE WORKS WILL BE UNDERTAKEN) 4. CONTACT/REGISTERED ADDRESS			POSTCODE				
(IF DIFFERENT FROM ABOVE) 5. CONTACT DETAILS	TELEPHONE NUMBER		E-MAILADDRESS				
6. STATUS OF APPLICANT	WHAT IS YOUR STATUS AS APPLICA	 .NT? (E.G. HOUSEHOLDER, D)			
	DO YOU OWN THE PROPERTY FOR	WHICH YOU ARE SEEKING A		YES/NO			
	IF NO PLEASE SUPPLY NAME OF FR						
	DOES ANY OTHER PARTY HOLD A S		YES/NO				
	IF YES, PLEASE PROVIDE DETAILS OF STANDARD SECURITY HOLDER * HAS THE LANDLORD'S CONSENT BEEN OBTAINED FOR:						
	THE WORKS						
	GRANTING OF A STANDARD SECURITY OVER THE PROPERTY *						
7. SHOPFRONT GRANT CATEGORY	DO YOU INTEND TO SELL OR DISPO	COMPLETION	YES/NO				
	REINSTATEMENT						
	IMPROVEMENT FEATURES						
8. DESCRIPTION OF PROPOSED WORKS							
	PROPOSED USE OF PROPERTY						
	PROJECT & WORKS DESCRIPTION:						

9. IS THE BUILDING LISTED AS OF										
ARCHITECTURAL OR HISTORIC IMPORTANCE?	YES	NO	IF YES PLEA	S PLEASE INDICATE WHICH CATEGORY				A	В	C(s)
INFORTANCE										
10. HAVE ALL STATUTORY CONSENTS										
BEEN COMPLIED WITH?							ATE AWARDED XPECTED		REF NO.	
	PLANNING PERMISSION									
	LISTED BUILDING CONSENT/ CONSERVATION AREA CONSENT									
	BUILDING WARRANT									
	ADVERTISEMENT									
11. JOB CREATION WILL ANY JOBS RESULT OR BE	TYPE OF JOB			CONSTRUCTIO	DN RETAIL/SERVICE			CULTURAL/OTHER		OTHER
SAFEGUARDED THROUGH THIS PROJECT? (PLEASE STATE NUMBERS)	FULL TIME									
(FLEASE STATE NOIVIDENS)	PART TIME									
	WORK PLACEN	MENT								
	APPRENTICES	HIP								
	TRAINING									
	OTHER(SPECIF	Y)								
12. PLEASE GIVE NAMES AND ADDRESSES OF PROFESSIONAL	ARCHITECT									
ADVISORS	QUANTITY SUI	RVEYOR								
	STRUCTURAL ENGINEER									
	OTHER									
13. PLEASE OUTLINE THE PROCUREMENT PROCESS USED TO APPOINT DESIGN TEAM/PROFESSIONAL ADVISORS										
	ARE YOU SUBJECT TO PUBLIC PROCUREMENT REGULATIONS?				YES/NO		'es/No			
	DID YOU ACCEPT THE LOWEST TENDER?						Y	YES/NO		
	IF NOT, PLEASE EXPLAIN WHY:									
14. ARE YOU VAT REGISTERED?	YES/NO IF YES WHAT IS YOUR VA			AT REG.NO?						
	CAN YOU RECOVER VAT ON PROJECT EXPENDITURE?			YI	es/No					

		1						
15. FINANCIAL DETAILS: PLEASE GIVE ESTIMATED COSTS OF THE			COST	(IF	VAT APPLICABLE)	TOTAL		
PROPOSED WORK	WORK/CONSTRUCTION							
ARE THE COSTS BASED ON:								
	PROFESSIONAL FEES							
ESTIMATES								
	OTHER EXPENDITURE							
	TOTAL							
	DETAIL: PLEASE PROVIDE A FULL ITEMISED BREAKDOWN OF PROJECT COSTS ON A SEPARATE SHEET. THIS SHOULD DIFFERENTIATE THE ELIGIBLE AND NON-ELIGIBLE COSTS. PLEASE IDENTIFY ANY VAT THAT CAN BE RECLAIMED IN THE COST BREAKDOWN							
16. PLEASE OUTLINE THE PROCUREMENT PROCESS FOLLOWED FOR WORKS AND NAME THE SELECTED CONTRACTOR								
	ARE YOU SUBJECT TO PUBLIC PRO	CUREMENT R	EGULATIONS?		YES/NO			
	DID YOU ACCEPT THE LOWEST TENDER?				YES/NO			
	IF NOT, PLEASE EXPLAIN WHY:							
17. INCOME: PLEASE INDICATE OTHER SOURCES OF GRANT	AMOUNT	ORGANISA	TION	APPROVED Y/N?		DATE APPROVAL EXPECTED		
FUNDING AND PRIVATE CONTRIBUTIONS TO THIS								
PROJECT								
18. SHORTFALL	£	HOW	' WILL THIS BE ME	Τ?				
19. GRANT AMOUNT SOUGHT	£							
20. PROGRAMME	CONTRACT START DATE:			CONTRAC	T END DATE:			

21. CHECKLIST: PLEASE CONFIRM THAT YOU HAVE INCLUDED TWO COPIES OF THE FOLLOWING INFORMATION WITH THIS APPLICATION (ONLY ONE COPY OF PHOTOGRAPHS /DRAWINGS IS REQUIRED)	DETAILED PROPOSAL/SPECIFICATION OF WORK							
	TENDER REPORT AND/OR COPIES OF (AT LEAST) 3 COMPETIVITE TENDERS/ESTIMATE FOR THE WORKS							
	ELEMENTAL COST REPORT HIGHLIGHTING ELIGIBLE & NON ELIGIBLE WORKS							
	ITEMISED BREAKDOWN OF FULL PROJECT COSTS							
	PROJECT INCOME & EXPENDITURE PROFILE SHOWING PROGRAMME OF WORKS TO BE CARRIED OUT ON A MONTHLY BASIS							
	PHOTOGRAPHS / DRAWINGS (MINIMUM OF 3 GOOD QUALITY IMAGES/PRINTS)							
	EVIDENCE OF PROJECT INCOME E.G. BANK STATEMENT CONFIRMING OWNERS' CONTRIBUTION, CURRENT GRANT OFFERS							
	COPY OF CURRENT PROPERTY VALUATION (IF AVAILABLE)							
	POST COMPLETION PROPERTY VALUATION (IF AVAILABLE)							
	COPY OF TITLES/LEASE OF THE PROPERTY OR OTHER EVIDENCE OF OWNERSHIP							
	COPY OF INSURANCE DETAILS FOR THE PROJECT							
22. DECLARATION	ALL INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL AND ACCURATE AND THAT NO INFORMATION HAS BEEN DELIBERATELY WITHHELD. I UNDERSTAND THAT TO MAKE A MATERIALLY MISLEADING STATEMENT AT ANY TIME DURING THE APPLICATION PROCESS COULD RENDER THE APPLICATION INVALID AND THE APPLICANT LIABLE TO RETURN ANY GRANT ALREADY PAID.							
	I THE APPLICANT ACCEPT THAT ALL GRANTS ARE DISCRETIONARY AND WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF A LEGAL AGREEMENT.							
23. SIGNATURE	SIGNED			DATE				
ONE SIGNED HARD COPY OF THIS FORM MUST BE RETURNED BY POST								
Please note that data provided on this form will be used in line with our Privacy Statement.								
RETURN ADDRESS Govan Cross Townscape Heritage Initiative/Conservation Area Regeneration Scheme, Orkney Street Enterprise Centre, 18 Orkney Street, Govan, Glasgow, G51 2BX EMAIL bryony.robinson@glasgow.gov.uk								
* ONLY APPLICABLE TO HES CARS GRANT FUNDING OVER £25,000, OR COMBINED GCC/HLF THI FUNDING OF OVER £50,000.								
FOR OFFICAL USE	DATE RECEIVED			REF NO				