# **ANDOVER SHOP AND HIGH ST FRONTAGES GRANTS**

**Application Form for Business Grants**

To help you complete this form, please refer to the guidance provided here: [www.testvalley.gov.uk/andovertowncentrefrontagegrant](http://www.testvalley.gov.uk/andovertowncentrefrontagegrant)

Please complete all questions (type into the yellow highlighted boxes).

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| 1. **CONTACT DETAILS**
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| **Contact Details** |
| Contact Name |  |
| Job Title  |  |
| Email |  |
| Telephone |  |

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| 1. **BUSINESS DETAILS**
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| Business name |  |
| Business website |  |
| Registered business address |  |
| Business postcode |  |
| Project address (if different from above) |  |
| Business bank account name |  |
| Bank name |  |
| Sort code |  |
| Account number |  |

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| **Business Size (please mark with x)** |
| Micro (fewer than 10 employees and an annual turnover under €2 million)  |  |
| Small (fewer than 50 employees and an annual turnover under €10 million)   |  |
| Medium (fewer than 250 employees and an annual turnover under €50 million)  |  |
| Large (250 or more employees and an annual turnover over €50 million)  |  |

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| **Business Type (please mark with x)** |
| Sole Trader |  |
| Partnership |  |
| Limited Liability Partnership |  |
| Limited Company |  |
| Community Interest Company  |  |
| Registered Charity |  |
| Other – please specify  |

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| **Registration numbers (as applicable)** |
| Companies House registration number |  |
| Charity registration number |  |
| VAT registration number |  |
| Test Valley business rates account number |  |

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| **Tenure on land and buildings** |  |
| Is the site for the project owned by you or leased? | Owned / leased |
| If leased, when does your lease expire? |  |
| If leased, has the landlord given written permission for the project? | Yes / No / NA |
| Provide further details if necessary   |

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| **Age of business** |
| Are you an existing business? | Yes / No |
| If Yes, when did you open in Andover?  |
| Are you a new business? | Yes / No |
| If Yes, when do you plan to open in Andover?  |

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| **Nature of business** |
| Please describe what your business does. What types of products and services does it offer?  |

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| **Premises** |
| Will the work be done on a listed building? | Yes / No |

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| 1. **PROJECT DETAILS**
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| **Please describe your project, including details of what you will spend the grant on and how you will do it. Please attach current photographs and drawings/plans (as applicable) for the work you wish to carry out** |
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| **Nature of works** |
| All works will repair or replace on a like-for-like basis | Yes / No |
| If No, please provide details  |
| I wish to change colour scheme | Yes / No |
| If Yes, and not already described, please provide details  |
| I wish to change materials | Yes / No |
| If Yes, and not already described, please provide details  |

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| **Planning status** |
| I have all relevant consents for my project (eg planning permission, advertisement consent, listed building consent) | Yes / No |
| Consent reference numbers (if relevant) |  |
| I have confirmation that planning permission is not needed | Yes / No  |
| If yes, please attach to your application |
| I have spoken to TVBC Planning department | Yes / No |
| If yes, please provide details  |

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| 1. **PROJECTS COSTS AND FINANCIALS**
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| **Match funding level and reason (please mark with x)** |
| I am a business or landlord without small business rates relief (25% project funding required) |  |
| I am a charity receiving charitable rate relief (10% project funding required) |  |
| I am a business or landlord receiving small business rates relief (10% project funding required) |  |

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| **Total Project Cost** |
| Total Project Cost |  |
| Contribution from your business or organisation (see % requirement above) |  |
| Amount of grant funding requested |  |
| Is the match funding confirmed? | Yes / No |

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| **Project Cost Breakdown (please attach quotes)** |
| **Please detail each element of your project.** *Costs should be ex-VAT if your business/organisation is VAT registered; gross costs are acceptable if your business/organisation is not VAT registered. Add more lines if required* |
| Element | Cost | Contractor/supplier |
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| If you have not selected the cheapest quote for any element, please explain why  |

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| **Please indicate which contractors/suppliers are from Test Valley. *Note that if your contractors are not registered on Companies House, we will need to see proof that they are insured***  |
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| 1. **PROJECT DELIVERY**
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| **Project timeline** |
| Estimated project start date*Please be aware we cannot fund anything that is purchased prior to the Grant Funding Agreement* |  |
| Estimated project duration ***All work has to be complete by 20 March 2026*** |  weeks |

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| **Outline any significant risks that you foresee with the project and how you will mitigate against them** |
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| **Please explain how the project will be led and managed** |
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| 1. **ELIGIBILITY CHECKS**
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| **Please confirm the following (mark with x)** |  |
| My business is trading and is not in financial difficulty |  |
| My business has a rates account with TVBC  |  |
| I am not in arrears with TVBC and I understand that TVBC will check this |  |
| My business is not subject to any enforcement order for a breach of planning regulations and I understand that TVBC will check this |  |
| My business has all necessary trading licences (eg hospitality / hairdressing businesses need to be registered with TVBC) |  |
| I have a UK business bank account for my business |  |
| I hold Third-Party Liability insurance and, if applicable, Employers’ Liability Insurance  |  |
| I have confirmed that my preferred contractor(s) for any works holds appropriate insurance |  |
| I have met the minimum procurement procedures in providing quotes (see section 8 of the Guidance) |  |
| None of the expenditure described has already been incurred  |  |
| I have my funding contribution for the project or am in the process of securing it  |  |
| Please provide further information, if needed, on any of the above  |

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| **Subsidy Control**  |
| *Businesses are not eligible for public funding if receipt of the requested grant from the Council will exceed the Minimum Financial Assistance (MFA) threshold for the business as specified in section 36(1) of the Subsidy Control Act (2022). The total amount of 'Minimum Financial Assistance' (MFA) received over a rolling period of three fiscal years should not exceed £315,000 per business including the total amount of MFA received over the relevant period of three fiscal years across all businesses at company group level (including the grant you are applying for).* |
| Please detail any public funding you have received in the past 3 years (rolling). Include amount received and funding body |  |
| Please mark with x to confirm that you have not breached the MFA threshold for the business as specified in section 36(1) of the Subsidy Control Act (2022)  |  |

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| 1. **APPLICATION SUBMISSION CHECKLIST**
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| Current photographs of your premises frontage | Yes / No |
| Details of permissions or consents granted where applicable | Yes / No / NA |
| Drawings or plans of the work you would like to do | Yes / No |
| Recent business bank account statement | Yes / No |
| Recent accounts or self-assessment return | Yes / No |
| Valid quotes for proposed expenditure | Yes / No |
| If you are a landlord, a copy of your deeds to prove ownership | Yes / No / NA |
| If you are a tenant, a copy of your current lease | Yes / No / NA |
| If you are a tenant, a written confirmation from your landlord that you have permission to undertake the project | Yes / No / NA |
| Certificates of insurance for any contractor that is not registered with Companies House | Yes / No / NA |
| Any additional evidence to support your application | Yes / No / NA |

I declare that to the best of my knowledge the information I have provided on this application form is correct and the grant will be used for the purpose stated on this form. I understand that if I have knowingly provided a false statement, this application will be void and I may be subject to prosecution.

By checking this box, you are signing this form electronically. In doing so you confirm that your electronic signature is the legal equivalent of your manual signature on this form.

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| Check box |   |

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| Name of signatory |  |
| Position of signatory |  |
| Date of signature |  |

The information collected on this form will only be used for:

* Processing this application.
* Providing you with information to support your business including the TVBC newsletter. You may unsubscribe from this at any point via the link at the bottom of the newsletter.

Your personal information will be used only for the purposes of assessing your application or providing you with information to support your business, and will not be transferred outside of the European Economic Area. Should you decide you do not wish to receive the TVBC newsletter, you can unsubscribe by clicking the unsubscribe option at the bottom of the newsletter.  Information on the Council’s use of your data can be found here: [GDPR Privacy Statement | Test Valley Borough Council](https://www.testvalley.gov.uk/aboutyourcouncil/accesstoinformation/gdpr/gdpr-policy).