



# Bishopwearmouth Townscape Heritage Scheme Application for Financial Assistance

# **Private and Confidential**

# 1. APPLICANT'S DETAILS

| I. All Eloant o Detaleo                    |
|--|
| Full Name(s) of applicant                  |
| Organisation/Company Name (if applicable): |
| Contact Address:                           |
|  |
|  |
| Contact Tel:<br>Email:                     |
| Agent: Contact Address:                    |
|  |
| Contact Tel:<br>Email:                     |
| 1(a) Project address/location              |
|  |
|  |
|  |
| 1(b) Nature of Applicant's Business        |
|  |
|  |

# 2. PROPERTY DETAILS

| 2(a) Do you own the property that you that you wish to undertake work to?   |
|---|
| YES / NO  |
| If YES, please provide a copy of the Register of Title.   |
| If NO, please provide details of the property owner below, a copy of your lease agreement, and attach written approval from the owner for you to undertake the proposed works   |
| Landlord's Full Name:   |
| Address:  |
|   |
| 3. PROPOSAL   |
| 3(a) Please provide a brief summary of the project, stating clearly what the project aims to achieve. This should be accompanied by a schedule of works, elevation plans and method statements for repairs if applicable. |
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|   |

# 4. FUNDING

| 4(a) Total Project Cost including professional fees - Note you are required to provide a detailed cost breakdown and / or estimates for the works from three contractors.  |
|--|
| £  |
| Applicants must satisfy the Council regarding their financial capacity to contribute match funding for the proposed works. The Council will seek a financial reference from the applicant's bank. Applicants are asked to authorise their bank to release such a reference by completing the bank authorisation form attached. |
| 4(b) If you are VAT registered, please confirm your registration number below  |
|  |
|  |
| 5. IMPLEMENTATION AND DELIVERABILITY   |
|  |
| All grant applicants must employ a qualified professional with relevant conservation expertise to plan and oversee the works.  |
|  |
| conservation expertise to plan and oversee the works.  |
| conservation expertise to plan and oversee the works.  5(a) Who will project manage your proposed works when on site?  |
| conservation expertise to plan and oversee the works.  5(a) Who will project manage your proposed works when on site?  Name:   |
| conservation expertise to plan and oversee the works.  5(a) Who will project manage your proposed works when on site?  Name:  Relevant Qualifications:   |
| conservation expertise to plan and oversee the works.  5(a) Who will project manage your proposed works when on site?  Name:  Relevant Qualifications:  Relevant Accreditation:  |

| 5(c) Please outline your proproject.  | posed timetable f  | or the delivery of this |
|---|--|-------------------------|
| Acceptance of grant offer:  |  |                         |
| Appointment of contractor(s):   |  |                         |
| Commencement on Site:   |  |                         |
| Practical Completion of works:  |  |                         |
| All grant payments are made recompleted and receipted invoice   |  | e works have been       |
| 5(d) Please indicate your prefe   | rred payment inter   | val                     |
| Monthly / Quarterly / Upon practic  | cal completion of all  | works                   |
|   |  |                         |
| 6. OUTPUTS  |  |                         |
| <ul><li>6. OUTPUTS</li><li>6(a) Please indicate the expect</li></ul>  | ed economic outp   | uts of your project.    |
|   | •  | uts of your project.    |
| 6(a) Please indicate the expect   | the proposed works   |                         |
| 6(a) Please indicate the expect  Number of buildings affected by t  | the proposed works back into use (sq.m   | n)                      |
| 6(a) Please indicate the expect Number of buildings affected by t Area of floorspace to be brought  | the proposed works back into use (sq.m   | n)                      |
| 6(a) Please indicate the expect Number of buildings affected by t Area of floorspace to be brought Area of floorspace that will be ph                                 | the proposed works back into use (sq.m   | n)                      |
| 6(a) Please indicate the expect Number of buildings affected by t Area of floorspace to be brought Area of floorspace that will be ph                                 | the proposed works back into use (sq.m ysically improved (s                                    | q.m)                    |
| 6(a) Please indicate the expect Number of buildings affected by t Area of floorspace to be brought Area of floorspace that will be ph Number of new residences that v | the proposed works back into use (sq.m ysically improved (s vill be created be employed at the | q.m)                    |

## 7. CONSENTS

Have you applied for Planning Permission and/or Listed Building Consent?

Yes / No
Application Ref:

Please note that all necessary consents must be obtained before work commences on site. The Townscape Heritage Project Officer can advise on this process.

#### LANDLORD/MORTGAGEE CONSENT

Applicants are required to obtain and submit a letter from the landlord or mortgagee of the property incorporating the following standard wording:

"[name of landlord/mortgagee] as landlord/mortgagee hereby consent to the works being carried out for which grant has been approved and to the Council securing any such grant for a period of 10 years following the date of payment by registration of a Local Land Charge on the property."

Please note a lease of at least 10 years from the estimated date of completion of the grant aided works is required from a tenant applicant

#### DECLARATION

I hereby apply for financial assistance towards the cost of the project described herein.

I have read and accept the Council's rules, procedures and conditions of financial assistance and understand that should I intend to sell or otherwise dispose of the Property or terminate my lease within a period of 10 (ten) years from the date of successful completion of the works, I must immediately notify the Council, and on completion of the sale or other disposal of the Property or lease termination shall repay to the Council such proportion of the Grant as the Council may determine, up to the maximum amounts as follows:

| Years following successful completion of the Works | Proportion of Grant to be reclaimed |
|--|-------------------------------------|
| 0-6  | Up to 100%                          |
| 6-7  | Up to 80%                           |
| 7-8  | Up to 60%                           |
| 8-9  | Up to 40%                           |
| 9-10   | Up to 20%                           |

I understand that before grant assistance can be paid I will be required to sign and return an Agreement with the City Council.

I confirm that all the information given in this application is, to the best of my knowledge, true in all respects, that financial assistance given by the Council will be on the basis of this information and understand that all or any part of such assistance will become immediately repayable to the council in the event of any material inaccuracy

I will observe a suitable maintenance plan for the premises to be agreed with the Local Planning Authority, such plan to have regard to the relevant guidance and make copies available to the City Council once the work has been completed.

I accept that any financial assistance given may, at the discretion of the City Council, be repayable in the event of any conditions of financial assistance being contravened.

I accept it is my/our responsibility to provide documentary evidence of my/our legal interest in the property together with any other consent required from Landlord, Mortgagees etc. before this application can be considered.

| Signed       |  |
|--------------|--|
| On behalf of |  |
| Date         |  |

## STATE AID DE MINIMUS DECLARATION

State Aid is financial support that is provided from public monies to business organisations.

In general, State Aid is prohibited and unlawful. State Aid rules exist to avoid public funded interventions distorting competition amongst businesses within the European Union.

The financial support you are seeking as part of this application is potentially permitted under the De Minimis State Aid Regulation 1407/2013. In brief, this Regulation allows a business to receive up to €200,000 (approximately £167,000) of State Aid, over a rolling three-year period.

In order to help us establish whether you/your organisation are eligible to receive 'De Minimis aid', we require you to complete the questions and the declaration below.

| • | Has your business received any other financial assistance / grants from |
|---|---|
|   | any public funding source in the last three years?                      |

• If yes, please set out full details of the provider of the financial assistance / grant, and whether it was granted as De Minimis Aid or not.

| Provider of financial assistance | Amount £/€ | De Minimis<br>(Yes/No) |
|----------------------------------|------------|------------------------|
|                                  |            |                        |
|                                  |            |                        |
|                                  |            |                        |
|                                  |            |                        |
|                                  |            |                        |

Usually where De Minimis Aid has been provided, you will have received a letter informing you that the assistance was given pursuant to the De Minimis Regulations.

Please be aware that State Aid does not necessarily have to involve a direct grant or financial assistance, and some other common forms of State Aid are:

- Business rate reliefs on properties (whether in Sunderland or elsewhere in England)
- Tax credits

## Direct subsidies

Applicants should be aware that if the European Commission considers that you are not eligible for De Minimis Aid, then the amount of grant awarded to you may be recoverable from you in full, together with interest.

It is therefore very important that you are confident that you are eligible to receive De Minimis Aid. If you are in any doubt as to whether previous financial assistance you have received would constitute De Minimis Aid, please raise your concerns with us as soon as possible.

| DECLARATION  | N   |
|--------------|---|
|              | represent [] and that the tout above is accurate for the purposes of the De Minimis |
| Signed       |   |
| U            |   |
| Position     |   |
| On behalf of |   |
| Date         |   |

# City of Sunderland Corporate Services

| 1. Enquiry t   | o the Ma         | anager         |                 |          |           |            |       |         |
|--|------------------|----------------|-----------------|----------|-----------|------------|-------|---------|
| Bank Name  |                  |                |                 |          |           |            |       |         |
| Branch   |                  |                |                 |          |           |            |       |         |
| Address  |                  |                |                 |          |           |            |       |         |
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| 2 Danhy to   |                  |                |                 |          |           |            |       |         |
| 2. Reply to  | T                |                | ita a a Day     | :+ О#:   |           |            |       |         |
| Judith Miller  |                  | ape Her        | itage Pro       | ect Offi | cer       |            |       |         |
| City Develop   |                  |                |                 |          |           |            |       |         |
| Sunderland   | City Cou         | ncii           |                 |          |           |            |       |         |
| Civic Centre   |                  |                |                 |          |           |            |       |         |
| Burdon Road  | a                |                |                 |          |           |            |       |         |
| Sunderland   |                  |                |                 |          |           |            |       |         |
| SR2 7DN  |                  |                |                 |          |           |            |       |         |
| Talanhana  | lumbar C         | 101 561        | 7000            |          |           |            |       |         |
| Telephone N  |                  |                |                 | d.       |           |            |       |         |
| e-mail <u>judith</u>   | <u>.miller@s</u> | <u>sundena</u> | <u>na.gov.u</u> | <u>K</u> |           |            |       |         |
| 2 Informat   | ion Don          |                |                 |          |           |            |       |         |
| 3. Informat  |                  |                | tha ma          |          | l stendir | <b>-</b> . |       |         |
| I request yo   | ur opını         | on as to       | tne me          | ans and  | Standii   | ig or:     |       |         |
| Name   |                  |                |                 |          |           |            |       |         |
| Address  |                  |                |                 |          |           |            |       |         |
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| Sort Code  |                  |                |                 |          |           |            |       |         |
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| And his/he   | er trustw        |                |                 | e way of | busines   | ss to the  | £     |         |
|  |                  | e              | xtent of        |          |           |            |       |         |
| _  |                  |                |                 |          |           |            |       |         |
| 4. Consent   |                  |                |                 |          |           |            |       |         |
|  |                  |                |                 |          |           |            |       |         |
| I/We   |                  |                |                 |          |           |            | nsent |         |
| to   |                  |                |                 |          |           | referenc   |       | ne / us |
| to the Corp  |                  |                |                 |          |           |            |       |         |
| I / We also consent to my / our account being debited with the |                  |                |                 |          |           |            |       |         |
| appropriate fee charged by the bank for this status enquiry    |                  |                |                 |          |           |            |       |         |
|  |                  |                |                 |          |           |            |       |         |
| Signed   |                  |                |                 |          | Da        | ate        |       |         |
|  |                  |                |                 |          |           |            |       |         |

## **LEGAL MATTERS**

All personal data received by Sunderland City Council will be afforded protection, whether in manual or electronic form in line with the principle of the Data Protection Act 1998. Data collected will be used in the manner in which it was intended and may also be used in statistical reporting. To process the enquiry, data may be passed to other public bodies & founding members, however, notification and intent will be made apparent on the collection on data. Data will not be passed to any other third parties without notification and agreement. The information will be held at the Civic Centre in a secure and safe way as specified by the Data Protection principles and will be kept only for as long as necessary and will then be destroyed from systems and files.

Sunderland City Council reserves the right to refuse a grant application. All decisions on applications are final and there is no appeal process.

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#### APPLICATION CHECKLIST

| Completed application form                     |  |
|--|--|
| Schedule of Works                              |  |
| Method Statement for Repairs                   |  |
| Elevation Plans                                |  |
| Floor Plans (if applicable)                    |  |
| Costs breakdown                                |  |
| Details of professional fees                   |  |
| Tender report for works over £10,000           |  |
| Copy of Title Register or Lease                |  |
| Consent from landlord and/or mortgage provider |  |
| De Minimus Declaration                         |  |
| Bank/Building Society authorisation            |  |

Please send completed form and all necessary enclosures to:

Judith Miller, TH Project Officer City Development Sunderland City Council Civic Centre Sunderland SR2 7DN

Tel: (0191) 561 7892

Email: judith.miller@sunderland.gov.uk