

# Shopfront Improvement Grant Scheme Application form

Up to £2,000  
could be yours!

We strongly recommend that you read the 'Guide for Applicants' prior to completing this application form in BLOCK CAPITALS.

Please note that by submitting this application form you are giving consent for your information to be shared as stated in the privacy notice. Please let us know if you no longer wish for your information to be shared. Your details can be removed from the database at any time. Please see our website [www.arun.gov.uk](http://www.arun.gov.uk) for more information.

## Section 1 : Contact details

### Applicant details

**NB:** The applicant must be the key contact to discuss all details of this application.

Applicant name: .....

Business property address: .....

.....

Address for all correspondence: .....

.....

Daytime tel:..... Mobile: .....

Email: .....

Relationship to property:  Owner  Tenant  Other (please state) .....

### Property owner details (if different to applicant)

Name: .....

Address: .....

.....

Daytime Tel:..... Mobile: .....

Email: .....

## Section 2 : Project details \*A photograph of your property must be attached to this application.

Please give details of the project works you propose to deliver. If the property is within a conservation area material specifications and paint colours must be approved by Arun District Council (hereafter referred to as 'the council').

Project details: .....

.....

.....

.....

.....

### Section 3 : Statutory consent

Is planning permission required for your project? Yes  No  Planning application no: .....

Is building control consent required for your project? Yes  No  Building control application no: .....

Is any other statutory consent required? Yes  No  If yes, please give details .....

Is the building in a conservation area? Yes  No

Is the building listed? Yes  No

### Section 4 : Project costs

Estimated total project cost*	Grant funding sought	Owner/tenant contribution

\* Written quotation for all labour and materials must be attached to this application, preferably on business letterhead or at least including supplier name and contact details.

VAT Registered Yes  No  VAT Registration no: .....

### Section 5 : Project timescale

Anticipated project duration ..... weeks

**NB:** Work should not commence until a 'Letter of Offer' for funding is received and you have signed and returned the 'Form of Acceptance' in compliance with the terms and conditions of this grant.

### Section 6 : Declaration

I/we confirm that the information contained in this application is true and accurate to the best of my knowledge and belief. I understand that the council may ask for additional information at any stage of the application process.

I/we give permission to the council to give copies of this information to individuals and organisations they consult with when assessing applications, monitoring grants and evaluating funding programmes.

I/we the owner/s of the property named in this application apply for grant funding towards the cost of the works described in section 2. I hereby agree to comply with the conditions of the Shopfront Improvement Grant Scheme as set out in the guidance notes which I have read and understood.

Applicant	Owner
Full name(s) .....	.....
Signature .....	.....
Date .....	.....

\*We cannot accept any application without relevant signature(s).

## Section 7 : Checklist

Please ensure all of the below information is included with your application:

- Fully completed application form
- Photograph(s) of property
- Quotation/s for all materials and labour relating to this project
- Material specification and paint colours in Section 2 (if project is within a conservation area or a listed building)

**Make a copy of this application and any supporting documentation for your own records as we do not intend to return any information supplied unless specifically requested.**

A completed application should include:

1. Fully completed and signed application form
2. Written quotation(s) from your chosen contractor/painter/workman.
3. A photograph or photographs of the property referred to in this application

**NB:** Incomplete applications will not be assessed, so it is in your best interest to ensure you provide all of the above information to assist us in assessing your application.

## Section 8: Reimbursement

In order for us to reimburse you, please provide your bank details.

Account name .....

Sort code .....

Account number .....



Please return completed application(s) to:

[miriam.nicholls@arun.gov.uk](mailto:miriam.nicholls@arun.gov.uk)

OR:

Miriam Nicholls  
Business Development Manager  
Arun District Council  
Civic Centre  
Maltravers Road  
Littlehampton  
West Sussex  
BN17 5LF