



EXPRESSION OF INTEREST FORM

FOR OFFICE USE ONLY:	
Applicant Information / Enquiry Reference Number:.....	
PROPERTY LOCATION (NAME of WARD):	
ADDRESS OF PREMISES FOR WHICH GRANT IS SOUGHT:	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
NAME OF APPLICANT:	
ADDRESS OF APPLICANT (or AGENT if applicable):	<p>.....</p> <p>.....</p> <p>.....</p>
Telephone:	
Email:	
Website (if applicable)	
Activity of business:	
When did the business first start trading (date first invoice issued)?	
Is the property currently vacant? YES / NO. If 'Yes' how long?	

<p>Is the property in a state of disrepair - requiring immediate remedial works? <i>If Yes, please provide further details.</i></p>			
PROJECT DETAILS			
<p>DESCRIPTION OF PROPOSED WORKS <i>(Please provide a brief outline of the proposed works to the commercial property):</i></p>			
TOTAL ESTIMATED PROJECT COSTS:	£		
What is the minimum amount of grant required to enable the project to proceed?	£ <i>Please note: Grant will not exceed 50% of the approved costs of eligible works. The maximum grant payable in respect of any one property is £15,000</i>		
Proposed project start / end date:	Start Date:	End date:	
Number of employees: (Full & Part Time)	Total (Full & Part Time):	Full Time:	Part Time:
No. of jobs to be <u>safeguarded</u> as a direct result of the grant:			
No. of jobs to be <u>created</u> as a direct result of the grant:			
ASSESSMENT OF NEED			
Please explain why you cannot fund the project from your own resources. 			

Where are the additional funds coming from?
Will the project go ahead without the grant?
What will happen if the grant is not approved?
<i>How Did You Hear About This Grant Scheme?</i>
DATA PROTECTION AND DECLARATION
<p>I understand the information in this form will be used to help assess my/our eligibility for Commercial Improvement Grant (CIG) support.</p> <p>I further acknowledge that before CIG support is considered this form will first be referred to the Urban Renewal Team in accordance with the conditions of the scheme. The information provided in this form may also be shared with other Council departments in order to fully assess the application.</p> <p>Signature: Date:</p> <p>Position in company:</p>

PLEASE ANSWER ALL QUESTIONS - INCOMPLETE FORMS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT

Please return completed form to:

Caerphilly County Borough Council, Urban Renewal Team, Tredomen House, Tredomen Park, Ystrad Mynach, Hengoed CF82 7WF

Email: CIGrants@caerphilly.gov.uk

Tel: 01443 866444 / 866448

This form is also available in Welsh