

TRANSFORMING TOWNS PLACEMAKING GRANT – MID WALES (2022-25)

**eXPRESSION OF INTEREST fORM**

**IMPORTANT: The current programme closes on the 31st December 2024**



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| This Expression of Interest (EOI) form is used to collect information from clients that can help to determine if a potential development project could be eligible for support under the Transforming Towns Grant programme. Detailed information such as cost estimates, detailed plans, planning permissions are not required at this stage of the grant enquiry. If a full application is invited, then the information included in this EOI can be transferred and used to form part of a full application. Data Protection and Privacy: [How we use and collect data](https://en.powys.gov.uk/privacy)**IMPORTANT: The current programme closes on the 31st December 2024** |
| 1. **What type of project are you seeking support for?**
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| **Please indicate the main nature of your project:**  |
| Type of Project  | Open/ Closed | √ |
| Residential Units in the Town Centre  | Open |  |
| Commercial Property Improvement  | Open |  |
| Green Infrastructure Works  | Open |  |
| Public Realm Works  | Open |  |
| Strategic Site Acquisition  | Open |  |
| Town Centre Market Development  | Open |  |
| Town Centre Meanwhile Uses  | Closed |  |
| Town Centre External Trading Support  | Open |  |
| Shop Frontage Enveloping Scheme  | Closed |  |
| Digital Towns  | Open |  |
| Active Travel  | Closed |  |
| Toilet Provision  | Closed |  |
| Recreational Facilities | Closed |  |

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| 1. **Applicant details**
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| **Please provide the contact details of the applicant:** |
| Name of Applicant: |  |
| Contact Address: |  |
| Postcode: |  |  |
| Tel: no: |  |  |
| E-mail: |  |

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| 1. **Agent details (if applicable)**
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| **Are you using an agent to act on your behalf with this application?**  | Yes / No |
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| **If “Yes” please provide the contact details of the agent:** |
| Agent Name: |  |
| Agent Address: |  |
| Agent Postcode: |  |  |
| Agent Tel: no: |  |  |
| Agent E-mail: |  |

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| 1. **Address of applicant’s property to be grant aided**
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| Name of property/location: |  |
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| Address of property/location: |  |
| Postcode: |  |  |
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| **Are the premises subject to any statutory enforcement notice?**  | Yes / No |
| If “Yes” please provide details: |
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| **If it is a property, are the premises vacant?**  | Yes / No / Partly |
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| **If the premises are partly occupied what percentage (approximately) is occupied?** |  % |

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| **Nature of applicant’s interest in the premises?** Freeholder ⎕ Leaseholder ⎕ (Please tick) |

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| **How long have the premises been in your ownership or tenancy?** |  |

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| 1. **Details of proposal**
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| **Guidance:** Please provide a brief description of the project (current state of the property/location, works to be carried out and the potential end use). Refer to the current Transforming Towns Place Making Grant Framework document. |
| 1. **Background context of the existing premises/location:**
* What is the current condition of the building and what are the existing issues?
* If the property is unoccupied/ unused/ derelict how long as the property been in this condition?
* Is the building listed or located with a conservation area?
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| 1. **The need for funding support and expected project outcomes:**
* What will the project aim to achieve?
* How much vacant space will be brought back into use (approx.)?
* What will the space be used for?
* Are there prospective tenants lined up for the property?
* **Photographs** that demonstrate the current condition of the building **would help the panel to understand the project need.**
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| 1. **The scope of the proposed building works/ renovation:**
* What are the external improvements/ alterations required?
* What Internal improvements/ alterations are required?
* What are the timescales for delivery if approved?
* Are the necessary statutory permissions in place for the proposed work?
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| 1. **What is the anticipated start date of the works?**
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| 1. **Cost of works**
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| **Guidance:** Use a spreadsheet if necessary, listing the costs of works and if they are estimates or based on quotes received. |
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| 1. **How will the project be funded?**
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| **Guidance:** The grant funding is intended to be used to address funding gaps, ie, **funding of the last resort.** Applicants will need to demonstrate how much of their own funds and loan funding they are able to commit to the project and why they are unable to finance the funding gap (the need). |
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| 1. **Strategic Links**
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| 1. **Which Local Place Plan or Town Strategy will your project support and how will it achieve this?**
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| 1. **Will your project support any other Welsh Government investment in the town?**
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| 1. **Applicants Declaration**
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| **Note: No application will automatically qualify for funding.**Further information and facts about the Transforming Towns Place Making Grant – Mid Wales is available at: https://www.growinpowys.com/transforming-towns |
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| **I declare that to the best of my knowledge the information given in this form is correct:** |
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| **Signature:** |  | **Date:** |  |

**Please submit this formto the addressbelow,along with photos to:**

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| **By Email**: Regeneration@powys.gov.uk | **Or**  | **By post:**Town Centre Regeneration TeamEconomic Development and Regeneration,Powys County Council,County Hall,Spa Road East,Llandrindod Wells,Powys,LD1 5LG. |