

CHILTERN SHOPFRONT REFRESH GRANT PROGRAM



APPLICATION FORM

APPLICANT'S DETAILS

Name: _____
Address: _____
Email: _____
Contact No: _____ Mobile: _____

GRANT REQUEST

Amount requested on this application? _____

PROPOSED SITE LOCATION

Business Name: _____
Street No: _____ Street Name: _____
Suburb: _____ State: _____ Postcode _____

PLANNING PERMIT

Have you consulted with Council's Heritage Advisor and Planners as part of the 'Refresh' Workshop Day or at another time?

No Yes

Have you submitted a Planning Permit Application?

No Yes

Please note: It is not a requirement of the funding application that a Planning Permit be submitted, however, it is a condition of the funding agreement should your application be successful.

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OWNERS CONSENT

Are you the property owner?

No Yes

The following section must be completed by the owner(s). A letter indicating the building owners support may be submitted in lieu of this document being signed.

I/We _____
Print Name(s)

consent to this application for funding under the Indigo Shopfront Refresh Program and the undertaking of the proposed works submitted for:

Property Address

Signature of Owner

Signature of Owner

QUOTES – PLEASE ATTACH TWO (2) QUOTES FROM LICENSED CONTRACTORS

Quote 1

Number: _____ Date: _____

Contractor: _____

Total cost: \$ _____ (including GST)

Quote 2

Number: _____ Date: _____

Contractor: _____

Total cost: \$ _____ (including GST)

Which is your preferred quote: _____

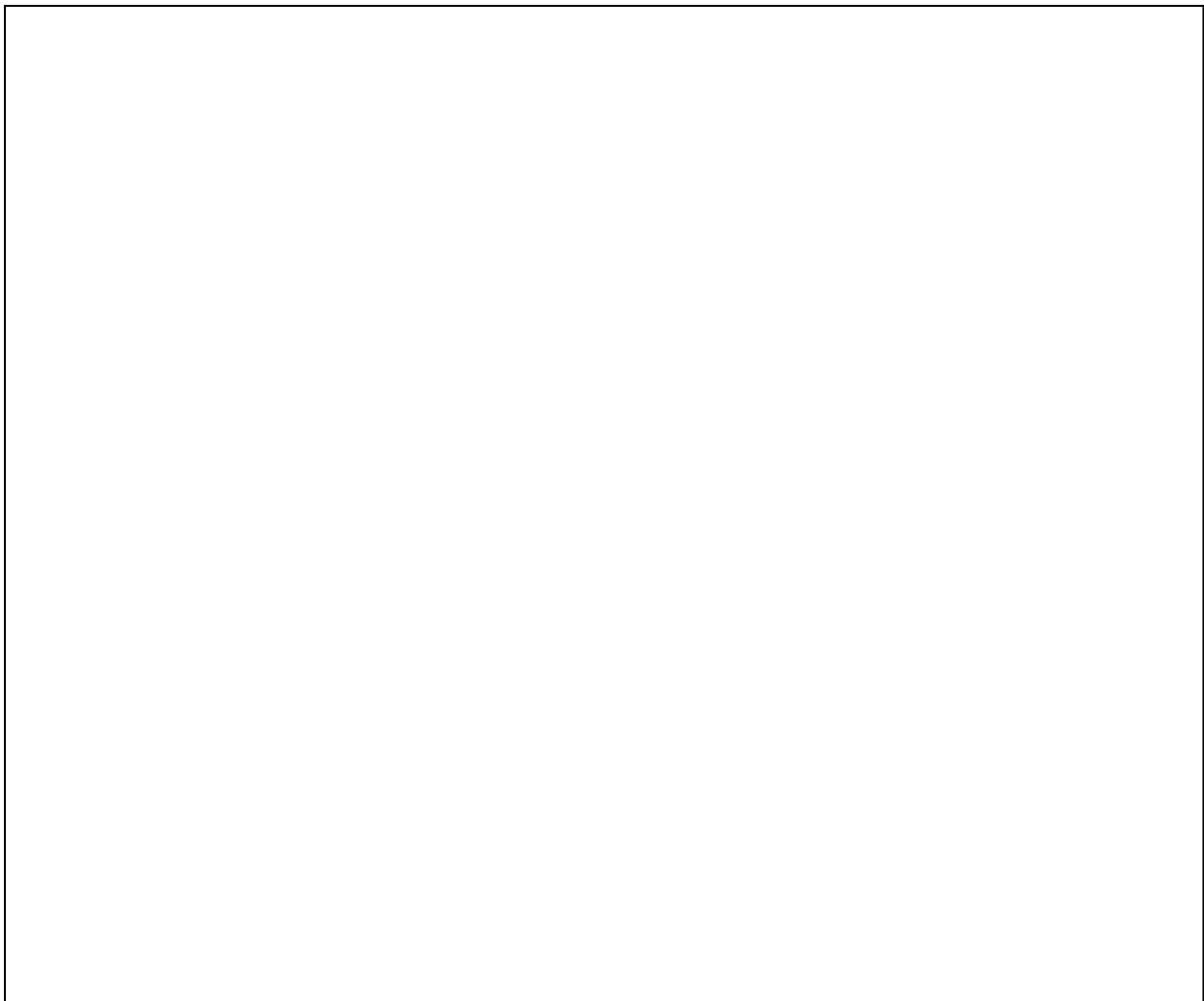
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PROPOSED STREETSCAPE IMPROVEMENT

Please describe the proposed streetscape improvements:

- Painting
 - Upgrading of signage structures (including sign writing etc)
 - Pointing mortar joints
 - Removal and replacement of cladding
 - Other streetscape improvement works subject to Council's approval
 - Minor works to make other parts of the existing premises more accessible
 - Other (please specify):
-

Provide a sketch or photo of the building's façade detailing the proposed façade improvements:



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HOW DID YOU FIND OUT ABOUT THE GRANT?

Please advise how you became aware of the program:

- Information received in the mail
- Local newspaper
- Council's website
- Other: _____

PROGRAM CHECKLIST

- I have read and understood the Terms and Conditions of the grant
- I have completed the Application Form - Expressions of Interest close at 5pm on Monday 19 December 2108
- If you are not the owner, you have obtained the owner's consent to lodge this application
- Provide a photo or sketch of the building's façade detailing the proposed façade improvements
- If repainting, provide paint chart or paint samples showing colours
- Provide two (2) quotes from licensed contractors

ENQUIRIES

Karen Gardner
Economic Development Officer
Indigo Shire Council
Phone: 1300 365 003
Email: karen.gardner@indigoshire.vic.gov.au

TERMS AND CONDITIONS

In making a grant application under this program, you are agreeing to comply with the following terms and conditions:

Chiltern Shopfront Refresh Grant Program

General

- a) The applicant is to submit a completed Application Form including all supporting information i.e. description of proposed works and owner's consent.
- b) Only one grant application lodged per business.
- c) The applicant must obtain all necessary planning approvals before commencement of the works.
- d) Two quotes from licensed contractors are to be submitted with the application.
- e) Works are to be undertaken by a licensed contractor.
- f) The applicant must agree to provide a minimum of 50% of the cost of the project or higher if 50% of the costs of works exceed Council's maximum grant contribution of \$1,500 (inclusive of GST).
- g) The applicant is to enter into an agreement with Council listing the agreed schedule of works and grant sum (inclusive of GST).
- h) Works should not commence until the applicant has signed the agreement with Council.
- i) Applicants will be required to remove any illegal signage as part of the façade improvements.
- j) Any overrun in costs is not the responsibility of Council and extra funds will not be granted.

OHS Requirements

- k) Applicants will be required to adhere to all OHS requirements as set out in the funding agreement.

APPLICANT'S SIGNATURE

I understand and will comply with the terms and conditions of this grant.

Full Name (printed): _____

Signature of Applicant: _____

Date: _____

PRIVACY STATEMENT AND COLLECTION NOTICE:

In using this form you are providing personal information such as name and contact details. This information is being collected and will be used for the purpose of assessing your application. Your information will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the Information Privacy Act 2009.