Enniscorthy Municipal District

WEXFORD COUNTY COUNCIL

# SHOPFRONT AWNING

# GRANT SCHEME, 2025

**The scheme will assist Business Owners / Operators to carry out works which will improve the exterior appearance of their business premises to enhance public realm of the town/village of: Ballindaggin, Bree, Bunclody, Davidstown, Enniscorthy, Ferns & Kiltealy**

|  |  |
| --- | --- |
| **Name of Business:** |  |
| **Address of Business:**  |  |
| **Contact Name** **(Block Capitals):** |  |
| **Mobile Number:** |  |
| **E-Mail Address:** |  |
| **Address for Correspondence:** |  |
| **Detail of Proposed Works:** |  |
| **Project Commencement Date**: |  |
| **Project Completion Date:** |  |
| **Estimated cost of project:** | **€** |

**Please ensure that the attached Data Protection Consent Form is signed and enclosed with your Application Form.**

**Please ensure that the attached Bank Details Form is completed, signed and enclosed with your Application Form.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# SHOPFRONT AWNING

# GRANT SCHEME 2025

**PARTICULARS OF SCHEME**

Please submit with this application: ***PHOTO OF PREMISES (***before works are started).

**Please submit after works are completed:**

1. ***PHOTO OF PREMISES (Affter works)***
2. ***RECEIPTS***  for Awning (Materials) from a registered business.
3. **Please note if not replacing an existing awning you are required to obtain planning permission.**
4. **PROOF OF PAYMENT** (*Bank Header/Statement showing payment*)

MAXIMUM GRANT **€500.00** for Awning

Approval/Refusal will be notified by email on or before 13th June 2025

Works must be completed by 12th September 2025 and receipts/photo submitted.

This grant scheme is awarded at the discretion of the management of Enniscorthy Municipal District.

Applications will be considered subject to available funding.

**Completed Application Form must be submitted to: -**

**Enniscorthy Municipal District,**

Market Square,

Enniscorthy,

Co. Wexford.

Telephone: - 053-9233540

emdreception@wexfordcoco.ie

**NB. If submitting application by email, please reference in the subject line “SHOPFRONT AWNING” and the Name and Address. A separate email per application if more than one.**

**Closing Date for Receipt of Completed Application Forms**

**is 5pm Friday, 20th May 2025.**

**BANK DETAILS FORM**

# SHOPFRONT AWNING

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (for Remittance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sort Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM**

SHOPFRONT AWNING

**Data Protection Acts 1988 to 2018 as amended**

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the collection and processing of the data provided by me to Wexford County Council, and to the sharing of this data with any of Wexford County Councils internal departments or one of the other Wexford County Council Municipal Districts, if requested.

Wexford County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of processing and duration of the **Shopfront Awning Grant Scheme Application** and in accordance with the Council’s Retention Policy.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I consent to my data being processed, shared and stored by Wexford County Council for the purposes outlined above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(in Block Capitals)**

**Please ensure this Consent Form is signed and enclosed with your Grant Application.**