# Storm Babet (19-25.10.23) and Storm Henk (02.01-12.01.24)

# Property Flood Resilience Repair Grant Funding

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| **1. Please note that grants are intended only to fund measures which improve the property’s resilience or resistance to flooding, over and above repairs that would normally be covered by insurance. More advice can be found at** [**http://www.floodguidance.co.uk/**](http://www.floodguidance.co.uk/) | **Official use** |
|  |
|  |  |
| **2. Applicant Information** |
| Name of Applicant: |  |
| Flooded Property Address |  |
| Flooded Property Postcode: |  |  |
| Are You the Owner of theProperty? |  |  |
| Business Name (if applicable): |  |
| Contact Address (if different): |  |
| **Contact Postcode:** |  |
| Telephone Number |  |
| Mobile: |  |
| E-mail: |  |

**Where the additional resilient repair work is part of the recovery work funded by the insurance company**, please provide details below. Please indicate the contact if they are making the claim for the grant on your behalf:

|  |  |
| --- | --- |
| **3. Insurance/Repair Contact** | **Official use** |
| Insurance claim number: |  |
| Name of Insurer: |  |
| Contact person: |  |
| Address: |  |

|  |  |  |
| --- | --- | --- |
| **Postcode**: |  |  |
| Telephone Number: |  |
| Mobile: |  |
| e-mail: |  |
| I am willing to allow my insurer to share datawith [**local authority]** | Signature **[name]** of policy holder |  |

|  |  |
| --- | --- |
| **4. Property Flooded** |  |
| Address of property flooded (if different from above), including postcode |  |
| **Postcode:** |  |
| Date of flood |  |
| Is this the first flooding event? Ifnot, insert date of last flood (year only)? |  |
| **Walls** | Stone |  |
|  | Brick |  |
|  | Concrete walls |  |
|  | Timber |  |
|  | Metal |  |
|  | Other |  |
| **Floors** | Concrete |  |
|  | Stone |  |
|  | Timber |  |
|  | Other |  |
| Does your property have a**basement** (yes or no) | **yes** | **no** |
| How many **Floors** have yourproperty? |  |  |
| How high was the flood level in yourbusiness/home? (estimate) |  |

|  |  |
| --- | --- |
|  |  |
| **Local Authority [**Add detail about auditing process, and insurers’ sign off where resilient methodshave been used to recover properties] |
| 5. Have you received any alternative funding (such as previous grant funding or insurance claim payment) for any of the equipmentyou are applying for grant funding for? | **Yes/ No** | **Official Use** |
| **Source of Grant and Year** |  |  |
| **6. FOR APPLICATIONS BUSINESS PREMISES ONLY –**Have you received any other public grant funding during the lastthree years? If so please specify what for and the amount received. |  |  |
| **Source of Grant and Year** |  |  |
| **7. Should your application be approved**; please indicate the month you expect to make a grant claim. Grant claims can only be made once the installation has been fully completed [authorities may consider prepayments to assist applicants]. |  |  |

Grant funding will be provided directly to the contractor/supplier on receipt of invoices.

**Declaration**

To the best of my knowledge, the information in this form and all other information given in support of this application is correct. I confirm that I understand the purpose of this form and the reasons for the collection of my / our personal data (to the extent that this form contains information which is personal data for the purposes to the Data Protection Act 1998) and that I agree to my/ our personal data being used as stated.

If any information changes, I will inform **(***Local Authority add name***)** immediately.

**Warning – if you knowingly or recklessly make a false statement to obtain grant for yourself or anyone else you risk prosecution, and the recovery of all grant payments. By signing this form you are agreeing that you have read and agree with the above declaration**.

Applicants Signature…………………. Name……………………………………………

Date…………………………….