

# STOREFRONT IMPROVEMENT GRANT APPLICATION FORM

### **Grant Details**

E-mail address:

The program will contribute up to 50% of total eligible costs, up to a maximum of \$5,000.00.

Submission of applicants is open January 1 to April 30 of each year. All submissions will be reviewed and evaluated after the closing date. All successful applicants will be notified by May 31.

All projects must be completed, with the final report and receipts submitted by June 30 of the following year.

# SECTION 1. Applicant Information Date: Applicant name: Applicant is the: [] property owner [] agent of the property owner [] tenant Telephone: Mailing address: Postal code: E-mail address: If the applicant is not the property owner, please fill out the following: Property owner name: Mailing address: Postal code: Telephone number:

\*If the application is not being made by the registered building owner, Section 5. Property Owner Consent on Page 4 must be completed.

## **SECTION 2. Site Information**

| Civic address:  |   |
|---|---|
| Roll number:  |   |
| Legal description:  |   |
| Current use:  |   |
|   |   |
| SECTION 3. Project Informat   | tion  |
| Business name:  |   |
| Planned start date:   |   |
| Planned completion date:  |   |
| Current use:  |   |
| Accessibility im Awnings Engineering and Façade cleanin Installation of notice Landscape enh Painting | ded in your project? Please check all that apply. provements (not including ramps)  d/or design studies/drawings g and painting (as part of broader works) ew signage, including blade signs or existing signage improvements ancements (excluding non-permanent fixtures)  ment of cornices, parapets, brick, other exterior architectural features ements |
| Does this project require a buil *Contact Trans Canada West Planning                                  | Iding permit? [ ] Yes [ ] No District at 204-851-0028 for information about permits.  |
| Please briefly describe the sco   | ope of work for this project. Attach an additional sheet if necessary.  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

<sup>\*</sup>May be required to submit conceptual design for approval.

### **SECTION 4. Project Budget**

| Source of Funds       | \$ Contribution | Project Costs                  | \$ Amount |
|-----------------------|-----------------|--------------------------------|-----------|
| Applicant             |                 | Development & building permits |           |
| Town of Virden        |                 | Equipment rentals              |           |
| Other (if applicable) |                 | Materials & supplies           |           |
|                       |                 | Trade & contractor fees        |           |
| Total A               |                 | Total B                        |           |

<sup>\*</sup>Total A and Total B must balance Please provide a breakdown of Estimated Project Costs outlined above. **Developments & building permits** Item Cost **Equipment rentals** Cost Item **Materials & supplies** Item Cost **Trade & contractor fees** Cost Item

| SECTION 5. Property C                  | Owner Consent                                       |   |                       |
|--|---|---|-----------------------|
| Property Civic Address:                |   |   |                       |
| Property legal address:                |   |   |                       |
| do improvements to the                 | exterior of my building. Exterior of the building b | sted property, I provide the of I understand that my tenant by making an application to t   | may be reimbursed for |
| Registered Property Ow                 | ner Signature                                       | <br>Date  |                       |
| SECTION 6. Project Au                  | ıthorization  |   |                       |
| upgrading business faça                | ade improvements. The inaximum of \$5,000 and       | nt program is to support pro<br>incentive is a reimbursemen<br>this is paid out upon comple | t program up to 50% o |
| It is hereby certified that knowledge. | the information provided                            | d in this application is accura   | ate to the best of my |
| Signature:                             |   |   |                       |
| Applicant's name:                      |   |   |                       |
| Date:                                  |   |   |                       |
| Witness signature:                     |   |   |                       |
| Witness name:                          |   |   |                       |
| Date                                   |   |   |                       |

### **How To Submit The Completed Application Form**

Please return the form by April 30 to Candace Murray, Economic Development Manager by e-mail to: edm@virden.ca or in-person to the Town of Virden Office at: 236 Wellington Street West.

All successful applicants will be notified by May 31.