



**Township of Warwick**  
6332 Nauvoo Road  
R.R.#8  
Watford, ON, NOM 2S0  
Telephone: (519) 849-3926  
Fax: (519) 849-6136

**Township of Warwick  
Mural Placement Program  
GRANT APPLICATION FORM**

Consultation with municipal staff is required prior to submitting application. Council is not required to provide funding and may terminate this program at any time without notice.

**NAME OF REGISTERED PROPERTY OWNER:** \_\_\_\_\_

**MAILING ADDRESS OF REGISTERED PROPERTY OWNER:** \_\_\_\_\_

\_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ADDRESS OF SUBJECT PROPERTY:** \_\_\_\_\_

**LEGAL DESCRIPTION: LOT NO.** \_\_\_\_\_ **PLAN NO.** \_\_\_\_\_

**ASSESSMENT ROLL NUMBER:** \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

**NAME OF APPLICANT'S SOLICITOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**1. CHECK ONE OF THE FOLLOWING:**

- a) **Is the subject property receiving any amounts of public funding?**  
YES \_\_\_ NO \_\_\_

If yes please describe: \_\_\_\_\_

**2. DESCRIBE THE GENERAL THEME AND NATURE OF YOUR MURAL AND HOW IT MEETS THE CRITERIA OF THE MURAL PLACEMENT GUIDELINES: (attach additional information).**

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3. **PROVIDE A DETAILED OUTLINE ESTIMATE OF THE WORK TO BE UNDERTAKEN (PLEASE ATTACH THE ESTIMATE). (include all monetary values). (attach additional information).**

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4. **PLEASE ATTACH ADDITIONAL INFORMATION INCLUDING:**

- Letter of permission from land owner; (if applicable)**
- A map of proposed location and impact on adjacent land uses;**
- Proposed mural design at a reduced scale. (including colours);**
- Outline of subject matter, and its benefits for the community;**
- Proposed timeframe for completing and maintaining mural;**
- Mural artists and credentials (all artists are to approved by the Township of Warwick);**
- A description of the theme of the proposed mural and how it meets the criteria of the Mural Placement Guidelines plan.**

**I/WE HEREBY CERTIFY that the information given herein is true, correct, and complete in every respect and I/WE UNDERTAKE to provide all information as required by the municipality to determine the amount of grant available under this program.**

**SIGNATURE OF REGISTERED OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_**

**FOR OFFICE USE ONLY:**

**GRANT REFERENCE NUMBER: \_\_\_\_\_**

**DATE RECEIVED: \_\_\_\_\_**