



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

**Township of Warwick
Community Improvement Plan (CIP)
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.

Please indicate eligible grant applying for:

GRANT TYPE: Building Accessibility Grant/ Tax Increment-Equivalent Grant/ Permit Fee Grant

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 NATURE OF THE REHABILITATION WORK PROPOSED TO BE UNDERTAKEN: (Including development proposal and concept plan; business plan; and rehabilitation plan. Further information may be requested at the description of the Township of Warwick)**

- 3. **PROVIDE A DETAILED COST ESTIMATE OF THE WORK TO BE UNDERTAKEN (PLEASE ATTACH THE ESTIMATE). (Include all monetary values).**

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: _____