



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

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

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: _____