



TOWNSHIP OF WARWICK

"A Community in Action"

6332 Nauvoo Road, R.R. #8, Watford, ON N0M 2S0

Township Office: (519) 849-3926 / 1-877-849-3926 Works Department: (519) 849-3923
 Watford Arena: (519) 876-2808 Fax: (519) 849-6136
 Website: www.warwicktownship.ca E-mail: info@warwicktownship.ca

COMMUNITY IMPROVEMENT GRANT PROGRAM STRUCTURAL GRANT APPLICATION FORM

The purpose of the Community Improvement Grant Program is to offer incentives to landowners, businesses and developers that propose significant commercial, industrial, residential or institutional projects that substantially renovate, restore, improve and update a prominent building or structure or key vacant property and accomplish more than one of the following:

- Address structural and life safety issues to create usable and efficient floor space
- Improve property standards or preserve architectural significance
- Remediate a brownfield site, or improve the environment by planting trees, protecting habitat, or other methods to enhance the natural ecosystems
- Upgrade public infrastructure such as sewer, water, storm, roadway, sidewalks
- Preserve or enhance employment opportunities

Grant assistance is provided in the form of an up to 50% matching grant, which is paid upon completion of the previously approved work. Please review the specific grant program terms and conditions. **(Further information may be requested at the description of the Township of Warwick, including development proposals, concept plans; business plans; and rehabilitation plans).**

| | |
|---|--|
| Application Number (assigned by staff): | |
| Date Application Received: | |

| PROPERTY INFORMATION | | | |
|--|-------------|-------------------------------|-----------|
| Municipal Address | Street Num: | Street Name: | Unit Num: |
| Commercial Name (if applicable) | | | |
| Registered Plan Number: | | Registered Plan Lot/Block No. | |
| OWNER and APPLICANT INFORMATION | | | |
| Property Owner Information (check one) | | Person(s) | Company |
| Registered Land | Surname: | First name: | |

| | | | |
|--|--------------|-----------------|--------------|
| Owner: | | | |
| Name: | (if Company) | Company Officer | |
| Address: | Street No. | Street Name: | Unit Num: |
| Municipality: | Province: | | Postal Code: |
| Telephone: | No: () | Fax: () | Email: |
| Applicant Information (if different than Owner): | | | |
| Application Contact: | Surname: | | First name: |
| Name: | (if Company) | Company Officer | |
| Address: | Street No. | Street Name: | Unit Num: |
| Municipality: | Province: | | Postal Code: |
| Telephone: | No: () | Fax: () | Email: |
| I hereby make the above application for a Community Improvement Grant, declaring all the information contained herein is true and correct, and acknowledging the Township of Warwick will process the application based on the information provided. | | | |
| Signature: | | | Title: |
| Printed Name of Signatory: | | | Date: |

The personal information on this form is collected under the legal authority of the Planning Act, Section 28. The personal information will be used for determining your eligibility for a grant/loan. If you have any questions about the collection, please contact the CAO Clerk at 519-849-3926 ext. 28.

OWNER'S AUTHORIZATION

If the applicant is not the owner, the property owner must complete this section. If there is more than one owner a separate authorization from each individual or corporation is required. Attach an additional page or pages in the same format as this authorization if necessary.

I, _____ being the registered owner of the subject lands, hereby authorize (*print name of applicant*), _____ to submit the above application to the Township of Warwick for approval thereof.

| | |
|----------------------------|--------|
| Signature: | Date: |
| Printed Name of Signatory: | Title: |

DESCRIPTION OF IMPROVEMENTS

- Please provide a detailed, written description of the proposed improvements.
- Attach one (1) copy of a prepared sketch showing the proposed improvements.

PHOTOGRAPHS

- Please attach a photograph(s) of the existing façade, signage, structure, property (where applicable)

WORK ESTIMATES

Please attach two (2) independent contractor estimates.

Grants are calculated based upon the lowest estimate.

Preferred Contractor:

Estimated Construction Cost:

\$

Second Contractor:

Estimated Construction Cost:

\$

Total Construction Cost:

\$

Total Grant Requested

\$

Please note: Preference given to projects that leverage more than a 50% contribution