



Township of Warwick Community Improvement Plan (CIP) GRANT APPLICATION

FOR OFFICE USE ONLY
Grant Reference Number:
Date Received:

Grant Type (please check which grant you are applying for):

Building Accessibility Façade Permit Fee Tax Increment Equivalent

APPLICANT: REGISTERED PROPERTY OWNER(S)	
Name:	
Address:	
Town:	Postal Code:
Phone:	Email:
SOLICITOR	
Name of Applicant's Solicitor:	
Phone:	Email:
SUBJECT PROPERTY	
Name of Business:	
Address:	
Postal Code:	Lot/Block No.:
Registered Plan Number:	Assessment Roll No.:
Is the subject property receiving any amounts of public funding? Yes No If yes , please provide details:	

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 by Warwick Township Staff or the CIP Committee):

Provide a detailed cost estimate of the work to be undertaken (please provide copies of at least two (2) estimates as well as all monetary values):

I/We HEREBY CERTIFY that the information provided 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(s): _____

Date (yyyy/mm/dd): _____

APPLICANT SUBMISSION

Consultation with municipal staff is required prior to submitting application. Once received, the application is reviewed by the CIP Committee who then provides a recommendation to Council. Council is not obligated to provide funding and may terminate this program at any time.

Applicants may submit the application (including attachments) to:

Township of Warwick
5280 Nauvoo Road, P.O. Box 10
Watford, ON226-848-3926
N0M 2S0

Stephanie Cattrysse
scattrysse@warwicktownship.ca
226-848-3926

