

A. General Information and Instructions

1. Before filling out this application form, **please read the attached Program Guide** and arrange for a pre-application meeting with City planning staff. The Program Guide describes the purpose, basic terms and conditions of the Community Improvement Plan grant programs.
2. If an agent is acting for the property owner, please ensure that the required authorization is completed and signed by the owner as provided in Section C.
3. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form. It is suggested that any additional or required information be contained within an application covering letter.
4. Please include all required supporting documents application requested by City planning staff (e.g. deed, business plan, site plan, architectural/construction drawings, cost estimates). An application will not be considered complete until all required documents have been submitted.
5. Please ensure that the application form is complete and that all required signatures have been supplied.
6. Please print (black or blue ink) or type the information requested on the application form.
7. Please note that any work carried out or cost incurred prior to City Council's approval of a particular grant application may be eligible for funding.
8. You may deliver your application in person or send it by mail to:

City of Windsor Planning Department
400 City Hall Square East, Suite 404B
Windsor, ON N9A 7K6
Fax: 519-255-6544
Email: planningdept@citywindsor.ca
Attention: Greg Atkinson

*If you have any questions about this program, please contact **Greg Atkinson** by phone at (519) 255-6543 extension 6582 or via e-mail at gatkinson@citywindsor.ca*

--PLEASE PRINT--

Application No. _____
(Office Use Only)

B. Owner Information

Name of Registered Property
Owner

Mailing Address of Property
Owner

Phone: _____

Fax: _____

Email: _____

Name of Owner's Solicitor
(if know)

Mailing Address of Solicitor

Phone: _____

Fax: _____

Email: _____

C. Agent Authorization and Information

If the property owner is authorizing an agent to act on his/her behalf in making this application, please complete and sign this section. If an agent is authorized, all correspondence will be sent to the authorized agent. If no agent is authorized, all correspondence will be sent to the property owner.

I, _____ am the owner of the land that is subject of this application, and

I hereby authorize my agent / solicitor _____

to make this application and to act on my behalf in regard to this application.

Dated at the _____, this _____ of _____, _____
(City/Town of...) Day Month Year

Name of Owner

Signature of Owner

Agent Information (if applicable)

Name of Agent _____

Mailing Address of Agent _____

Phone: _____

Fax: _____

Email: _____

D. Property Information

Municipal Address(es) of Property for which this Application is being submitted

Assessment Roll
Number(s)

Legal Description of Property (Lot and Plan Numbers)

Existing Property Use

Previous Property Use(s) – if known

Are you aware of any known or suspected environmental contamination issues
(soil, groundwater) affecting the property?

☐ Yes

☐ No

If yes, please describe any known or suspected environmental contamination (attach any environmental reports, if applicable)

Is property designated under the Ontario Heritage Act? ☐ Yes ☐ No

Are there any outstanding work orders on this property? ☐ Yes ☐ No

Size of Property _____ (hectares)

Existing Buildings on Property? ☐ Yes ☐ No (If yes, specify building size below)

Building 1 _____ m² Building 2 _____ m²

Building 3 _____ m² Building 4 _____ m²

(Please list all additional buildings on a separate sheet)

Current value assessment \$ _____

Current property taxes paid annually \$ _____

Is this property in tax arrears? ☐ Yes ☐ No

If yes, specify value of tax arrears \$ _____

Have tax arrears been cancelled (in whole or in part) on this property under any City program? ☐ Yes ☐ No

Has or do you anticipate this property will receive grants/loans or other financial assistance from the City under any other City program? ☐ Yes ☐ No

If yes, please specify program and amount of financial assistance received/anticipated from the City

E. Economic Sector and Employment Information

Please indicate (by placing a check mark in the appropriate boxes) which targeted economic sector the business falls within and the uses that are proposed (please refer to the attached program guide for descriptions of uses).

Sector	Proposed Uses
<input type="checkbox"/> Creative Industries	<input type="checkbox"/> Computer Software Developer Digital and Media Studios <input type="checkbox"/> Museums <input type="checkbox"/> Performing Arts Facilities
<input type="checkbox"/> Health & Life Sciences	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Research and Development <input type="checkbox"/> Physician Recruitment
<input type="checkbox"/> Management of Companies and Enterprises	<input type="checkbox"/> Corporate Office <input type="checkbox"/> Head Office
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> All Manufacturing Uses
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Business Incubator <input type="checkbox"/> Computer Programming Services <input type="checkbox"/> Computer Systems Design Services <input type="checkbox"/> Industrial Design Services <input type="checkbox"/> Research and Development <input type="checkbox"/> Testing Laboratories
<input type="checkbox"/> Renewable and Alternative Energy	<input type="checkbox"/> Cogeneration Facilities <input type="checkbox"/> Renewable Energy Power Generation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Research and Development
<input type="checkbox"/> Tourism	<input type="checkbox"/> Tourist Attraction
<input type="checkbox"/> Warehousing/Logistics	<input type="checkbox"/> Warehouse

Will the business include any accessory use(s) that is not listed above but is incidental, subordinate and exclusively devoted to the uses listed above and will be located on the same property (e.g. small retail outlet selling goods manufactured on-site)?

☐ Yes ☐ No

If yes, please provide a description of the proposed accessory use(s)

How many people are currently employed by the business/organization?

How many new jobs will be created as a result of the proposed development?

How many existing jobs will be retained as a result of the proposed development?

Is the business considered a catalyst project (i.e. it does not fall within one of the targeted sectors listed above, but will result in the creation and/or retention of a significant number of indirect jobs in one or more of these sectors)? ☐ Yes ☐ No

If yes, please briefly indicate the magnitude of investment and number of **indirect** new and/or retained anticipated within **one or more the targeted sectors** listed above (please also attach a description, which demonstrates how the business qualifies as a 'catalyst project' as defined within the program guidelines)

F. Project Description

☐ New Construction

☐ Alteration

☐ Improvement/Renovation

Provide a description (building size/type, number of stories, construction materials, etc...) of the proposed development to take place on the property described in Section D. Include space (m²) to be constructed/altered/renovated, and types of improvements to be constructed.

ECONOMIC REVITALIZATION COMMUNITY IMPROVEMENT PLAN GRANT APPLICATION FORM

Estimated construction value of the proposed development ..\$.....

Estimated Post-Project Assessment Value of Land and Buildings ..\$.....

Estimated Demolition Start and End Date (Month/Year) Start Date _____ End Date _____

Estimated Construction Start and End Date (Month/Year) Start Date _____ End Date _____

Describe overall use(s) of the property and the type of business to be conducted:

Proposed Gross Floor Area (GFA): _____ (metres)

Where multiple uses are proposed please describe each:

Use 1: _____
Percentage of GFA

Use 2: _____
Percentage of GFA

Use 3: _____
Percentage of GFA

Is this a multi-phase development?

☐ Yes

☐ No

If yes, please provide a brief description of the phasing plan:

Please provide a description of why a financial assistance is required to make the development economically viable and what measurable public benefit the development will provide.

G. Estimate of Eligible Costs

Provide an estimate of eligible costs¹ as shown below.		
Eligible Cost Item		Actual/ Estimated Cost
1. New building construction	\$	
2. Building Rehabilitation and Retrofit Works	\$	
3. Building Demolition	\$	
4. Costs associated with meeting Leadership in Energy and Environmental Design (LEED) standards	\$	
5. Development application fees, building permit fees, and studies or reports related to eligible applications (i.e. application for Official Plan Amendment, Zoning By-law Amendment, Minor Variance or Permission, Consent, Site Plan Approval/Amendment/Modification/Termination, Plan of Subdivision / Condominium, Condominium Conversion, Part Lot Control Exemption, Removal of the "H" Holding Symbol, Demolition Permit, and Building Permit)	\$	
6. Upgrading on-site infrastructure including water services, sanitary sewers and stormwater management facilities	\$	
7. Constructing/upgrading off-site infrastructure including roads, water services, sanitary sewers, stormwater management facilities, electrical/gas utilities, where this is required to permit remediation, rehabilitation and/or adaptive reuse of property that is subject of the application	\$	
Total Eligible Costs Eligible for a Rehabilitation Grant (Sum Costs 1-9 above)	\$	

Note: Estimates for cost items 1, 2, 3, 6, and 7 must be prepared by a bona fide contractor. Costs associated with item 4 must be prepared by a certified LEED specialist.

H. Other Sources of Funds

Have you applied for or will you be obtaining any other sources of government funding? (e.g. Federal, Provincial, Federation of Canadian Municipalities, etc...).

☐ Yes

☐ No

If Yes, please list other sources and amounts of government funding.

Program Approval No. \$ _____

Program Approval No. \$

I. Applicable Grant Program and Required Application Attachments (Office Use Only)

Applicable Grant Program:

- | | |
|--|--------------------------|
| Business Development Grant | <input type="checkbox"/> |
| Business Retention and Expansion Grant | <input type="checkbox"/> |
| Small Business Investment Grant | <input type="checkbox"/> |
| Development Charges Grant | <input type="checkbox"/> |

Please attach the following documents to this application (City staff to indicate what is required at a pre-consultation meeting):

	Required	Submitted
Property Deed	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Architectural /Construction Drawings	<input type="checkbox"/>	<input type="checkbox"/>
Business Plan	<input type="checkbox"/>	<input type="checkbox"/>
Cost Estimates (prepared by a bona fide contractor)	<input type="checkbox"/>	<input type="checkbox"/>

J. Sworn Declaration

I/WE HEREBY APPLY for a grant under this program.

I/WE HEREBY AGREE to abide by the terms and conditions of the Economic Revitalization Community Improvement Plan.

I/WE HEREBY AGREE to enter into and abide by an agreement with the City that specifies the terms and conditions of the applicable grant program.

I/WE HEREBY AGREE to abide by the terms and conditions of the agreement.

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the City by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY AGREE that if any statements or information in this application or submitted in support of this application are untrue, misleading or there is a material omission, the application may be rejected or not approved, or the grant may be delayed, reduced, cancelled or repayment of the grant may be required.

I/WE HEREBY AGREE that the grant may be delayed, reduced, cancelled or repayment of the grant may be required if the eligible works are not completed or not completed as approved.

I/WE HEREBY AGREE that any eligible works carried out prior grant approval by City Council may not eligible under any grant program.

I/WE HEREBY AGREE that the program(s) for which application has been made herein is/are subject to cancellation and/or change at any time by the City in its sole discretion, subject to the terms and conditions specified in the program. Participants in the program whose application has been approved and who have entered into a grant agreement with the City will continue to receive grant payments, subject to meeting the terms and conditions in their grant agreement.

I/WE HEREBY AGREE that all grants will be calculated and awarded in the sole discretion of the City. Notwithstanding any representation by or on behalf of the City, or any statement contained in the program, no right to any grant arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the programs and the grant agreement. The City is not responsible for any costs incurred by the Owner/Applicant in any way relating to the program, including, without limitation, costs incurred in anticipation of a grant.

Dated at
the

_____, this _____ of _____,
(City/Town of...) Day Month Year

Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent