



Adelaide
Metcalfe

**Community
Improvement
Plan**

COMMUNITY IMPROVEMENT PLAN APPLICATION



TOWNSHIP OF

Adelaide Metcalfe



TOWNSHIP OF ADELAIDE METCALFE – COMMUNITY IMPROVEMENT PLAN (CIP) APPLICATION

1. APPLICANT INFORMATION

Applicant Name: _____

Name of Property Owner: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____

Applicant Email: _____

2. PROPERTY INFORMATION

Municipal Address: _____

Legal Description: _____

Property Tax Roll Number: _____

Official Plan Designation: _____

Current Zoning: _____

Existing Use: _____

3. BUILDING INFORMATION

Building Type/Description: _____

Year Built: _____ Floor Area (sq. ft.): _____

Is the property a listed heritage property or designated under the Ontario Heritage Act?

Yes No

Are There any outstanding Work Orders/Violations on this property/building?

Yes (Please Specify): _____

No



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4. RELATED APPLICATIONS

Please indicate if additional applications have been submitted for this property or project (including Application for Site Plan Control, Application for Zoning By-Law Amendment, Building Permit, etc.):

Have you applied for any other financial incentives for any other level of government or under any other applicable Community Improvement Plan for the proposed works?

- Yes
- No

If “Yes”, when did you apply? Was the application successful? Please indicated the funding body and any other information applicable to the application:



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5. FINANCIAL PROGRAMS

Please identify which Program(s) for which you are applying. Please note that all financial incentives listed below may not currently be available. Program availability will be determined on an annual basis at the sole discretion of Council. Applicants are required to confirm whether a program is available prior to completing and submitting an application at a pre-consultation meeting.

Applicants should review General Eligibility, Program-Specific Eligibility and Program Combinations prior to submitting applications.

Financial Program	Available Grants
Countryside Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant
Façade & Signage Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant
Site Beautification Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant
Accessibility Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant
Attainable Housing Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant <input type="checkbox"/> Annual Tax Increment Grant
Additional Residential Unit (ARU) Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant
Conversion, Expansion & Redevelopment Program	<input type="checkbox"/> Construction Matching Grant <input type="checkbox"/> Professional Fees Matching Grant <input type="checkbox"/> Building & Planning Fee Grant



6. PROJECT DESCRIPTION

Please describe what the property looks like and how the property is used today (e.g. building height, building/façade condition, what business is conducted on the property, who does the business serve, how long has the business been established). Applicants are encouraged to submit photos of the property, building and or project area:

Please describe how the property will be improved (e.g. how will the existing building be improved to allow it to accommodate new residential uses, how will the existing building façade be improved).

Please describe when the proposed improvements are expected to start and when the proposed improvements are expected to be complete.

Please note that works commenced prior to submitting an application are ineligible. Works commenced after submitting an application but prior to application approval do so at the applicant's risk.



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Please describe the benefits that the proposed improvements will have on the property, the business, and the community (e.g. improve the visual appearance of the building, additional residential unites, improve business image, create new jobs).

Please provide any additional comments or information to support the funding application request:



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7. CONSTRUCTION MATCHING GRANT INFORMATION (IF APPLICABLE)

Applicants should review General Eligibility, Program-Specific Eligibility and Program Combinations prior to submitting applications.

Please attach **two (2)** detailed independent contractor estimates for each component of the proposed eligible work, or two detailed estimates covering all the components of the eligible work.

Total Construction Project Costs: \$ _____

Total Grant Request: \$ _____

8. PROFESSIONAL FEES MATCHING GRANT INFORMATION (IF APPLICABLE)

Applicants should review General Eligibility, Program-Specific Eligibility and Program Combinations prior to submitting applications.

Please attach **two (2)** detailed independent contractor estimates for each component of the proposed eligible work, or two detailed estimates covering all the components of the eligible work.

Total Project Costs: \$ _____

Total Grant Request: \$ _____



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9. BUILDING & PLANNING FEE GRANT INFORMATION (IF APPLICABLE)

Applicants should review General Eligibility, Program-Specific Eligibility and Program Combinations prior to submitting applications.

Please indicate the type of Planning Act and Ontario Building Code applications that will be applied for in connection with the proposal.

	Application Type	Application Fee (\$)
<input type="checkbox"/>	Official Plan Amendment	\$
<input type="checkbox"/>	Zoning By-Law Amendment	\$
<input type="checkbox"/>	Site Plan Control	\$
<input type="checkbox"/>	Plan of Subdivision/Condominium	\$
<input type="checkbox"/>	Consent (Severance)	\$
<input type="checkbox"/>	Building Permit	\$
<input type="checkbox"/>	Demolition Permit	\$
<input type="checkbox"/>	Occupancy Permit	\$

Total Grant Request: \$ _____



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Upon applying for financial incentives, landowners shall provide their consent to the Township of Adelaide Metcalfe to profile improvement projects funded through the CIP in promotional communication, including but not limited to “before and after” pictures. Applicants shall also consent to displaying a Township of Adelaide Metcalfe CIP participation certificate on the subject property, once a project is complete.

10. EVALUATION OF APPLICATIONS

Applications will be evaluated according to adopted policies and By-Laws of the Township of Adelaide Metcalfe. The Township reserves the right to evaluate applications based on additional criteria developed from time to time. Applicants may be contacted by the Township during the evaluation process to clarify their application or to provide further information.

The Township is not bound to accept any application. The Township of Adelaide Metcalfe reserves the right to consider any, none or all of the applications, to accept applications in whole or in part, and to elect not to proceed with this process at any given time.

Successful applicants may be required to provide the Township with additional information to demonstrate their creditworthiness and business track record.

11. PROGRAM CONDITIONS

GOOD STANDING

I/we confirm and agree that municipal tax and utility accounts are and will remain current throughout the term of this agreement. I/we also confirm that I/we are not currently involved in any action or proceeding involving a claim for same with the Township of Adelaide Metcalfe.

I/we confirm that any outstanding work orders and/or orders or requests to comply, and/or other charges from the Township (including tax arrears) have been satisfactorily addressed prior to making this application.

PERMITS

Work to be completed under this application cannot be started until written approval for the requested funding assistance is received from the Township of Adelaide Metcalfe. All required permits (i.e. building, demolition, etc.) must be obtained prior to the initiation of the proposed works.

CONFIDENTIALITY

Subject to the “Municipal Freedom of Information Act”, all information in this application will become part of public record.

PROGRAM FUNDING ANNOUNCEMENTS



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I/we consent to the Township of Adelaide Metcalfe using our name and address in connection with any funding announcement.

SIGNATURES AND DECLARATIONS

I/we agree that this application and all attached materials will become the property of the Township of Adelaide Metcalfe upon submission.

I/we agree to abide by the terms and conditions of this program. I/we understand that the amount provided can be reduced or cancelled if the proposed work is not completed, or if contractors or suppliers are not paid in full.

I/we hereby certify that the information given herein is true, correct and complete in every respect and may be verified by the Township of Adelaide Metcalfe. If any information provided is, or subsequently becomes untrue, incorrect and/or incomplete, the Township of Adelaide Metcalfe reserves the right to end its further commitment under this agreement and full repayment of any money already advanced, with interest, shall become due and payable. Any failure on behalf of the Township of Adelaide Metcalfe to verify the information provided is not a waiver of the Township of Adelaide Metcalfe’s rights.

Applicants Name (Print)

Applicants Signature

Date

OWNER’S AUTHORIZATION



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(Complete only if Applicant is not Property Owner)

I/We, _____ the Owner of the Subject Property hereby authorize
_____ to act on my/our behalf with respect to this application.

Owner's Signature

Date