

Business Grant Program Application

Please meet with the Planning and Development Department prior to submitting your application.

STATEMENT OF INTENT

I/We, _____ hereby make application to for the

Business Revitalization Grant (BRG)

Tourism Enhancement Grant (TEG)

APPLICANT/OWNER INFORMATION

1)	Applicant:		Business Name:		
	Email Address:		Business License No.:		
	Telephone:		GST Account No.:		
	Mailing Address:	Town:	Prov.:	Postal Code:	
<i>Where applicable, if the applicant is the building occupant, the property owner must support the application in writing. Please submit a letter from the property owner with the application.</i>					
2)	Registered Owner: <small>(if applicant is other than owner)</small>		Company:		
	Email Address:		Telephone:		
	Mailing Address:	Town:	Prov.:	Postal Code:	

PROJECT INFORMATION

For the Business Revitalization Grant, when the project involves improvements that affect the site, or alter the structure, please submit the following with the application:

- Before pictures of the building and property,
- A Site Plan that shows the proposed site improvements, and
- Drawings that show the proposed design. Construction drawings are acceptable.

3)	Project Description			
Municipal Address or General Location of Land:				
Name of Project:				
Estimated Project Start & End Date:				
Project Description: <i>Provide a description of the project including its benefits as they relate to the applicability of the grant policy and expected outcomes. Please attach additional information as required to support the application.</i>				

<i>Complete information related to relevant grant category:</i>			
Building Revitalization Grant (BRG): The project includes improvements to: <input type="radio"/> building exterior <input type="radio"/> property Will the project improve: <input type="radio"/> aesthetics <input type="radio"/> access <input type="radio"/> safety <input type="radio"/> security		Tourism Enhancement Grant (TEG): The project is developing a: <input type="radio"/> product <input type="radio"/> experience <input type="radio"/> All Signs Up Sign The product/experience or sign is: <input type="radio"/> new <input type="radio"/> an expansion	
4) Project Costs and Funding			
Total Estimated Project Cost (BRG – min: \$5,000; TEG – min: \$2,500):			
Grant Request (BRG - min: \$2,500, max: \$25,000; TEG – min: \$2,500 max: \$5,000):			
Applicant Funding:			
Other Funding (if none, say so):			
5) Expense Details			
Expense Description (if a quote includes both ineligible and eligible costs, please clearly identify the eligible cost details; attach a second sheet if required)	Cost Estimate (before GST)	GST	Total Cost
6) Contractor/Consultants Details			
Per the BGP policy, any contractor or consultant must have a valid Peace River business licence for the expense to be eligible.			
Contractor or Consultants (attach a second sheet if required):	Business License No:		

RIGHT OF ENTRY

6)	I, _____ give consent to allow a person(s) designated by the Town the right to enter and inspect the above land and/or building(s) with respect to this application only.	
	Signature:	Date:

DECLARATION AND SIGNATURE

7)	<p>I declare that:</p> <p>I am eighteen years of age or greater.</p> <p>I am a duly authorized representative having legal and/or financial signing authority for the above-mentioned organization.</p> <p>The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization.</p> <p>Any grant monies awarded shall be used solely for the purpose stated within this application and according to the program parameters.</p> <p>A grant report using the report template shall be provided no later than the reporting deadline.</p> <p>As a condition of accepting the grant, access to all financial statements and records having any connection with monies received is hereby granted to the Town of Peace River.</p>		
	<table border="1" style="width: 100%;"><tr><td style="width: 60%;">Applicant's Signature:</td><td>Date:</td></tr></table>	Applicant's Signature:	Date:
Applicant's Signature:	Date:		

This information is being collected under authority of sections 33(a) and (c) of the Freedom of Information and Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address, and details related to your permit may be included on reports that are available to the public as required or allowed by legislations. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to the Director of Corporate Services (780) 624-2574