

Application Community Improvement Plan



I am applying for the following program(s):

(Check all that apply)

Program	Criteria	\	Requested Amount
Façade Grant	50% of eligible costs up to a maximum of \$4,000		
Signage & Awning Grant	50% of eligible costs up to a maximum of \$1,000		
Commercial Improvement Loan	Interest free loan up to a maximum of \$20,000 payable over a 5 (five) year period		

Property Owner Information

Name(s):	
Mailing Address:	
Phone Number:	_Email:
Property/Business Information	
•	
Business Name:	
Property Address:	
Phone Number:	_Email:



please provide a description of the proposed improvements that are to take place. If possible, please include photographs of the existing façade/signage/interior and any proposed designs.					

Please provide an itemized breakdown of the costs associated with the proposed improvements to your building. Please provide a justification for each item and cost. If you need more room, please attach additional information.

Reason/Need	Estimated Cost
	Reason/Need

Please provide at least two estimates from contractors for the proposed work (if applicable).

Contractor	Work Estimate \$

What is the total cost of your commercial building improvements?

Commercial Building Improvement	Total Cost \$
Façade Improvements	
Sign & Awning Improvements	
Commercial Loan Improvements	
Total Combined Improvement Costs (\$):	

Please ensure that the following information is submitted:

 A completed application form
 A copy of the deed/title to the property
Designs/drawings of proposed work/signage

^{*}Please note that applicants doing their own work may not request a grant/loan for their own labour.



Current photos of the prop	erty			
Any additional information related to financial costs for the proposed improvements				
The following declaration m	ust be comp	leted by the applic	ant:	
I/We,				
of the District of/ Municipality o	f/ County of: _			
solemnly declare that I/We are a	authorized to s	submit this application	n and that to my	
knowledge, all of the statement	s and informa	tion that are containe	d in this application and	
all of the supporting documents	s are true, and	I make this solemn de	eclaration conscientiously	
believing that it to be true and o	omplete, and	knowing that it is of t	he same force and effect	
as if made under oath, by virtue	of the 'Canad	la Evidence Act'.		
Sworn/Declared at				
This(day)	of		, 20	
(day)		(month)	(year)	
Applicant Signature		Witness		
Print Name		Print Name		



Owners Authorization if the Owner is not the Applicant:

ii the property owner is not the	e applicant, the	owner must complete	e the following:
I/We,			
of the District of/ Municipality	of/ County of:		
solemnly declare that is author	rized to submit	this application and th	nat to my knowledge, all
of the statements and informa	tion that are co	ntained in this applica	ation and all of the
supporting documents are true	e, and I make th	nis solemn declaration	conscientiously
believing that it to be true and	complete, and	knowing that it is of t	he same force and effect
as if made under oath, by virtu	e of the 'Canad	a Evidence Act'.	
Sworn/Declared at			
This(day)	of		, 20
(day)		(month)	(year)
Owner Signature		Witness	
Print Name		Print Name	



Please feel free to include additional information here:			



Where to submit your application:

34 Ottawa Street, P.O. Box 740 Morrisburg, Ontario K0C 1X0 Monday – Friday, 8:30 a.m. – 4:30 p.m.

Tel: 613-543-2673

Email: mail@southdundas.com

www.southdundas.com