

Revitalizing Cardinal: The Village Community Improvement Plan

APPLICATION FOR FINANCIAL INCENTIVES

OFFICE USE ONLY
Application Number: _____
Date Received: _____
Recommendation: _____
Decision: _____

A: APPLICANT'S INFORMATION

(1) Applicant's Information

Applicant's Name(s): _____

Address: _____

Phone Number (Home): _____

Phone Number (Work): _____

Email Address: _____

The Applicant is (check one): the registered owner
 a tenant
 an agent authorized by the owner or tenant

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 a tenant
 an agent authorized by the owner or tenant

To whom should correspondence be sent?
(check all that apply) the owner
 the tenant
 the agent

(2) If the Applicant is a tenant or an agent, please complete the following:

Name of Owner: _____

Address of Owner: _____

Phone Number of Owner: _____

Fax Number of Owner: _____

(3) If known, please describe any other encumbrances, charges or other holders of mortgages on the lands. Please provide the names of the individuals.

B: DESCRIPTION OF YOUR PROPERTY OR UNIT

(1) Please indicate the location of the property or unit subject to this application.

Street Address: _____

Municipality: _____

Legal Description: _____

Roll Number: _____

(2) Describe the current (existing) use of your property, and list the buildings and structures located on your property. Please indicate if there is any known Municipal heritage designation that is applicable to your property.

D: ELIGIBILITY

(1) Have you discussed your application with the Township (i.e., have you arranged for a pre-application consultation meeting?) Note: A meeting with the Township is required for your application to be accepted.

Yes No

(2) Is your property or unit located within the designated currently designated Community Improvement Project Area (attached to this application form)? Note: Your property must be within the current Community Improvement Project Area in order to be eligible for financial incentives.

Yes No

(3) Does your property have any outstanding tax arrears? Note: Your property must not have any outstanding tax arrears in order to be eligible (even if you are a tenant).

Yes No

(4) If you answered yes to (3) above, please explain what you will do to rectify your tax arrears.

(5) Have you previously applied for a financial incentive through the Cardinal Community Improvement Plan?

Yes No

(6) If you answered yes to (5) above, please explain your previous application and how it relates to this application.

(7) Has an application for a building permit or planning approval been submitted or approved in relation to your project?

Yes

No

(8) If you answered *no* to (7) above, please explain. If you answered *yes* to (7) above, please indicate the approvals you have received or the applications you have submitted.

E: INCENTIVE PROGRAMS

(1) Please indicate which programs you are applying for. Refer to the Community Improvement Plan or discuss the programs with the Township. Each program is associated with specific eligibility criteria. *Applicants are encouraged to apply for more than one program if they are eligible to do so.*

Façade or Property Improvement Program <i>A grant to improve façades, landscaping, parking areas, etc.</i>	<input type="checkbox"/> I want to apply for a grant up to \$5,000, or up to 50% of the cost of my project. <input type="checkbox"/> I want to apply for a grant up to \$2,500 which will be used to cover the cost of a loan I will obtain from a commercial bank (interest rebate).
Heritage Property Improvement Program <i>A grant to rehabilitate designated or significant heritage properties.</i>	<input type="checkbox"/> I want to apply for a grant up to \$7,500 or 50% of the cost of my project. <input type="checkbox"/> I want to apply for a grant up to \$2,500, which will be used to cover the cost of a loan I will obtain from a commercial bank (interest rebate).
Housing Improvement Program <i>A grant to rehabilitate residential units or to create new units.</i>	<input type="checkbox"/> I want to apply for a grant up to \$1,500 per unit to a maximum of four units or 50% of costs per unit to a maximum of four units. <input type="checkbox"/> I want to apply for a grant up to \$1,000 per unit to a maximum of four units, which will be used to cover the cost of a loan I will obtain from a commercial bank (interest rebate).

(continued on next page)

Application for Financial Incentives
Cardinal Community Improvement Plan

<p>Tax Increment Equivalent Grant Program</p> <p><i>A rebate of the tax increment resulting from community improvement activities.</i></p>	<p><input type="checkbox"/> My municipal taxes are anticipated to increase as a result of my project, and I want to apply to be considered for a rebate that is equal to all or a portion of the increase in my taxes.</p>
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<p>Application and Permit Fees Rebate Program</p> <p><i>A rebate of application fees in relation to a community improvement project)</i></p>	<p><input type="checkbox"/> My project requires building permit fees, or fees in relation to planning applications and I want to apply for a rebate on the fees that I will pay.</p>
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<p>Project Feasibility Study Program</p> <p><i>A grant to study building/property rehabilitation or development.</i></p>	<p><input type="checkbox"/> I want to apply for a grant of up to \$5,000, or up to 50% of the cost of my study.</p>
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F: PROJECT COSTS AND TIMING

(1) Please detail all project costs using the following table. The estimated costs should be based on quotes from contractors and vendors. Applicants are generally required to obtain at least two quotes. If you are applying for an interest rebate, please include the cost of borrowing in this table (two quotes are also preferred).

Community Improvement Task/Item	Cost – Low Quote	Cost – High Quote
<i>Example: Replacement of storefront sign</i>	\$ 750	\$1,200
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
TOTAL:		

(2) Please indicate the following dates, where applicable.

Anticipated date of submission for any required planning approvals:

Anticipated date of submission for any required building permits:

Anticipated date of commencement of construction/works:

Anticipated date of completion of construction/works:

Anticipated date of receipt of loan from a commercial bank (if you are applying for the interest rebate program):

G: SUPPORTING MATERIALS

(1) Please complete the following table in consultation with the Township.

Required Supporting Materials	Required to be Attached with Completed Application (To be checked by Township)	Completed and Attached (To be checked by Applicant)
Two (2) cost estimates for all supplies and construction work		
Proof of loan approval and payment details from a qualified financial institution <i>(applies to applications for interest rebate programs only)</i>		
Photographs of the existing building/property		
Photographs of adjacent buildings/properties or the streetscape		
Historical photographs/reference materials		
Professional drawings/sketches of proposed work		
Information about tenants (rents, vacancies, etc.)		
A professional site plan, construction drawings or other detailed drawings		
<i>Other required materials (Township to specify at pre-application consultation meeting, using the space below)</i>		

H. DECLARATION OF APPLICANT

I, _____ declare that:
(print name)

1. The information contained in this application, attached supporting materials and documentation, is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date Signature of Applicant

I. SUBMISSION AND CONTACT

Please contact Debra McKinstry, Township Clerk/Planning Administrator to schedule an appointment to discuss your application. A pre-application consultation meeting is required before your application can be accepted by the Township. The Township will help you complete the application and advise you of your eligibility of programs. The Township will also indicate which supporting materials are required for your application (Section G).

Your completed application, with all required supporting materials (see Section G) may be submitted in person at the Township office or mailed/couriered. Since original signatures are required, faxed or emailed submissions will not be accepted.

Please contact us with questions or to arrange a meeting to discuss your application, or to submit your application:

Debra McKinstry, Clerk/Planning Administrator
Township of Edwardsburgh/Cardinal
18 Centre Street, P.O. Box 129
Spencerville, Ontario
K0E 1X0
Phone: 613-658-3055 ext. 102
Fax: 613-658-3445
Email: dmckinstry@twpec.ca

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1. APPLICATION COMPLETENESS

The application is complete, including all required supporting documentation.

The application is not complete.

If determined to be not complete, specify reasons:

2. APPLICATION EVALUATION

The application meets all General Eligibility Criteria (Section 6.6 of the Community Improvement Plan)

The application does not meet all General Eligibility Criteria.

If not, specify reasons:

The application meets all program-specific criteria (Section 4.0).

The application does not meet all program-specific criteria (Section 4.0).

If not, specify reasons:

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The application is desirable for the community, is in the public interest, and represents good design according to the Community Improvement Plan and its Design Guidelines.

The application is not desirable for the community, is not in the public interest, and/or does not represent good design according to the Community Improvement Plan and its Design Guidelines.

Specify reasons why the project is or is not desirable, is or is not in the public interest and why it does or does not represent good design:

3. APPLICATION RECOMMENDATION

The CIP Administrator/Review Panel recommends this application for approval.

The CIP Administrator/Review Panel does not recommend this application for approval

If not recommended for approval, specify reasons:

4. APPLICATION DECISION

The application was approved by the Community Development Committee.

The application was not approved by the Community Development Committee.

If not approved, specify the reasons as determined by the approval authority: