

**NOTE: COVID-19 RECOVERY PROGRAM ENDS DECEMBER 31, 2020
OR UPON COUNCIL BUDGET ALLOCATION**

No. CIP-2020/____



**APPLICATION FOR GRANT/LOAN –
COVID-19 RECOVERY – SCHEDULE “A-3”
under the COMMUNITY IMPROVEMENT PLAN**

A Complete Application consists of:

- One complete application form signed by appropriate parties
- One copy of all receipts. Receipt must be detailed with expenditures.

Note: The approval and disbursement of funds are pending no appeal and approval from the MAH of the CIP.

Applicant:	Property Owner (if different than applicant):
Complete Address:	Complete Address:
Telephone:	Telephone:
Email:	Email:

Street Address:

Incentive Request	Criteria (refer to By-law for clarification)	✓	Total Amount Requested
Grant - COVID-Recovery	One time grant up to Maximum \$1,000 (with receipts)		
Loan - COVID-Recovery	Interest free loan to a maximum of \$5,000 payable over 5 years.		

NOTE: The Property Owner shall enter into an agreement with the Town for the repayment of the loan.

Eligible Items:	Amount Spent:
<u>Permanent sanitization stations</u> for employees and/or customers	
<u>Proper shields and barriers</u> for customer interaction	
<u>New signage</u> or improvements to existing signage	
<u>New optional payment methods</u> (financial programs or cashless transactions)	

AUTHORIZATION BY OWNER (FOR LOAN PROGRAM ONLY)

I, the undersigned being the owner of the subject land of this application for a grant/loan, hereby authorize

_____ (please print name)
 to be the applicant in the submission of this application.

Furthermore, I/we, being the registered owner(s) of the subject lands, understand that should the application be approved an agreement will be entered into with the Town by ourselves, the registered owner(s) of the property.

Signature of Owner	Signature of Owner
Date	Date

DECLARATION OF APPLICANT

I, _____ of the _____ of _____ in the
 _____ of _____ solemnly declare that:

All the statements contained in this application and provided by me are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Furthermore, I, being the applicant of the subject lands, hereby authorize Town Council, staff and/or agents, to enter upon the property for the purpose of conducting a site inspection with respect to the attached application.

Witness	Signature of Applicant
Witness	Signature of Applicant

Office Use Only:		Roll No: _____
Property Taxes in Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initial)	Water/Sewer in Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initial)	Other: _____
Outstanding Work Orders (Bldg Dept): <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initial)	Outstanding Work Orders (Fire Dept): <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initial)	Other: _____
_____ Date of Submission	Application Complete: _____ Signature	_____ Date

Questions??

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