

## **DOWNTOWN AND HEALTH WELLNESS CLUSTER INCENTIVE PROGRAMS APPLICATION FORM**

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### **A. General Information and Instructions**

1. Before filling out this application form, **please read the General Program Requirements and Program Guide(s)** that apply to the program(s) for which you are making application. Please ensure that you understand the general program requirements and the requirements for the specific program(s) for which you are making application.
2. Prior to submission of this application form, you must arrange for a pre-application meeting with staff to discuss and confirm program eligibility, application requirements including supporting documentation, proposed scope of work, cost, and project timing.
3. Please ensure that this application is complete, all required signatures have been provided, and all required supporting documentation has been submitted. Failure to do so may result in refusal by the City to accept the application as complete or application processing delays.
4. The applicant shall not commence any works or studies that are subject of an application (with the exception of the Planning and Building Fees Grant Program) prior to receiving approval of that application by the City and prior to the execution of any applicable grant agreement(s) by the applicant and the City.
5. If the applicant is not the property owner, please ensure that written authorization is obtained by the applicant from the property owner to make this application and that said written authorization is attached to the application form.
6. If an agent is acting on behalf of the property owner in making this application, please ensure that the required authorization is completed and signed by the owner as provided in Section C of the application form.
7. If property owner is a Corporation, the signing officer's name, title and corporation seal or indication that such person has the authority to bind the corporation, must be provided on the application.
8. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form.
9. Please attach to the application the required supporting documents as requested by City Staff. An application will not be considered complete until all required documents have been submitted.
10. Please print (black or blue ink) the information requested on the application form.
11. You may deliver your application in person or send it by mail to:  
City of Welland  
Planning and Development Services – Planning Division  
60 East Main Street, Welland, Ontario, L3B 3X4
12. ***For further information on the Downtown and Health and Wellness Cluster Incentive Programs, contact:***  
**Phone:** (905) 735-1700, Extension 2251  
**Fax:** (905) 735-8772  
**E-mail:** [cips@welland.ca](mailto:cips@welland.ca)

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**-- PLEASE PRINT --**

Application No. \_\_\_\_\_  
(Office Use Only)

**B. Applicant Information**

Name of Registered Property Owner	
Mailing Address of Property Owner	
Phone:	Fax:
Email:	

**C. Agent Authorization and Information**

If the property owner/applicant is authorizing an agent to act on his/her behalf in making this application, please complete and sign this section. If an agent is authorized, all correspondence will be sent to the authorized agent. If no agent is authorized, all correspondence will be sent to the property owner/applicant.

I, _____ am the owner of/applicant for the land that is subject			
of this application, and I hereby authorize my Agent			
to make this application and to act on my behalf in regard to this application.			
Dated at the _____, this _____ of _____,			
(City/Town/City of...)		Day	Month Year
Name of Owner/Applicant (please print)		Signature of Owner/Applicant	

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**Agent Information (if any)**

Name of Agent	
Mailing Address of Agent	
Phone:	Fax:
Email:	

**D. Solicitor's Information (if applicable)**

Name of Solicitor	
Mailing Address of Solicitor	
Phone:	Fax:
Email:	

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**E. Property Information**

Municipal Address(es) of Property for which this Application is being submitted

Assessment Roll Number(s)

Legal Description of Property (Lot and Plan Numbers)

Existing Property Use
Size of Property (square feet or acres)
Existing Buildings on Property? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, specify building size below)
Building 1 sq. ft.
Building 2 sq. ft.
Building 3 sq. ft.

(Please list all additional buildings on a separate sheet)

Is Property designated under Part IV of the Ontario Heritage Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this property in tax arrears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, specify value of tax arrears	\$	
Are there any outstanding work orders on this property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**F. Other Sources of Government Funds**

Have you applied for or been approved for any other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, Federation of Canadian Municipalities, etc...)

Yes ☐ No ☐

If yes, please list other sources and amounts of government funding:

Program \_\_\_\_\_ \$

Program \_\_\_\_\_ \$

**G. Application Type**

Please place a check mark in the box below beside each incentive program for which you are applying. Then please complete the appropriate information section for each incentive program for which you are applying.

☐ ☐ Building Improvement Grant Program (complete Section H);

☐ ☐ Residential Grant Program (complete Section I);

☐ ☐ Tax Increment Grant Program (complete Section J);

☐ ☐ Urban Design Study Grant Program (complete Section K);

☐ ☐ Façade Improvement Grant Program (complete Section L);

☐ ☐ Planning and Building Fees Grant Program (complete Section M).

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**NOTE: IF YOU ARE APPLYING FOR ANY OF THE PROGRAMS IN SECTIONS H, I, OR J BELOW, YOU MUST CAREFULLY AND FULLY COMPLETE THE FOLLOWING SECTION:**

- i) Below please describe the proposed rehabilitation, redevelopment, infill or intensification project/works (building and unit size/type, number of stories, construction materials, etc...) to take place on the site that are eligible for the grant.

Include the following information (as applicable) in your description:

- a) Number and square footage of residential units to be renovated or constructed by type (1 bedroom, 2 bedroom, 3 bedroom, 4 or more bedrooms);
- b) Square footage of commercial space (specify retail and/or office) to be renovated or constructed;
- c) Square footage of institutional space to be renovated or constructed;
- d) Number of new businesses anticipated to occupy the commercial space one year after completion;
- e) Number of new jobs created and/or number of existing jobs maintained (please specify);
- f) Estimated assessment value of land and buildings after project completion; and,
- g) Details of primary construction lending (if any).

***(Please attach detailed architectural/design and/or construction drawings).***


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**H. Building Improvement Grant Program**

**i) Cost Summary – Eligible Building Maintenance/Improvement Works** (please attach two (2) detailed cost estimates from bona fide contractors for work to be performed).

Type of Improvement/Construction		Cost Estimate (\$)
a.	Eligible Works (excluding HST) - insert lowest cost estimate	<div>\$</div>
b.	Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc...)	<div>\$</div>
c.	Total Eligible Costs (a-b)	<div>\$</div>
d.	Amount of Grant Applied For: (0.5*cost item c above) to permitted maximum identified in Program Guide	<div>\$</div>

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**ii) Construction Schedule**

Approximate Start Date of Construction (Month/Year)

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Approximate End Date of Construction (Month/Year)

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**I. Residential Grant Program**

**i) Cost Summary – Eligible Residential Renovation/Construction Works** (please attach two (2) detailed cost estimates from bona fide contractors for work to be performed).

**Type of Improvement/Construction**

**Cost Estimate (\$)**

a. Eligible Works (excluding HST) - insert lowest cost estimate

\$	
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b. Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc...)

\$	
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c. Total Eligible Costs (a-b)

\$	
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d. **Amount of Grant Applied For: (0.5\*cost item c above) to permitted maximum identified in Program Guide**

\$	
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**ii) Construction Schedule**

Approximate Start Date of Construction (Month/Year)

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Approximate End Date of Construction (Month/Year)

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**iii) Projected Rental Rates or Sale Prices per unit and per square foot**

Rental Rate	\$	per unit/	\$	per square foot
Sale Price	\$	per unit/	\$	per square foot



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## J. Tax Increment Grant Program

- i) **Cost Summary – Eligible Rehabilitation/Redevelopment/Infill/Intensification Works**  
(please attach two (2) detailed cost estimates from bona fide contractors for work to be performed).

### Type of Improvement/Construction

### Cost Estimate (\$)

- a. Eligible Works (excluding HST) - insert lowest cost estimate

\$

- b. Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc...)

\$

- c. Total Eligible Costs (a-b)

\$

## ii) Construction Schedule

Approximate Start Date of Construction (Month/Year)

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Approximate End Date of Construction (Month/Year)

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## K. Urban Design Study Grant Program

Name of Architect or Qualified Professional Conducting the Study	
Company Name	
Mailing Address	
Phone:	Fax:
Email:	

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- i) Please describe the urban design study and/or architectural/design drawings to be prepared.


- ii) **Cost Summary – Eligible Urban Design Study Grant** (please attach one (1) cost estimate from an architect or qualified professional for the urban design study and/or architectural/design drawings to be prepared).

## Type of Improvement/Construction

## Cost Estimate (\$)

a. Eligible Study Costs (excluding HST) - insert cost estimate

\$	
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b. Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc...)

\$	
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c. Total Eligible Costs (a-b)

\$	
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d. **Amount of Grant Applied For: (0.5\*cost item c above) to permitted maximum identified in Program Guide**

\$	
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Approximate Completion Date of Urban Design Study (Month/Year)

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- iii) Please describe the facade improvement/restoration and/or the redevelopment/rehabilitation of the property being contemplated at this time, and any planning applications that have been submitted/ approved.


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## L. Facade Improvement Grant Program

- i) Please describe the facade improvement/restoration works that are eligible for the matching grant (see the Program Guide for the definition of “eligible works”)


- ii) **Cost Summary - Eligible Front Facade Improvement/Restoration Works** (please attach two (2) detailed costs estimates from bona fide contractors for work to be performed).

### Type of Improvement/Construction

### Cost Estimate (\$)

- a. Eligible **Front** Facade Improvement/Restoration Works (excluding HST) - insert lowest cost estimate

\$

- b. Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc...)

\$

- c. Total Eligible Costs (a-b)

\$

- d. **Amount of Grant Applied For: (0.5\*cost item c above) to permitted maximum identified in the Program Guide**

\$

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- iii) **Cost Summary - Eligible Side and/or Rear Facade Improvement/Restoration Works**  
(please attach two (2) detailed costs estimates from bona fide contractors for work to be performed).

## Type of Improvement/Construction

## Cost Estimate (\$)

- a. Eligible **Side and/or Rear** Facade Improvement/Restoration Works (excluding HST) - insert lowest cost estimate

\$

- b. Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc...)

\$

- c. Total Eligible Costs (a-b)

\$

- d. **Amount of Grant Applied For: (0.5\*cost item c above) to permitted maximum identified in the Program Guide**

\$

- iv) **Construction Schedule**

Approximate Start Date of Construction (Month/Year)

Approximate End Date of Construction (Month/Year)

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**M. Planning and Building Fees Grant Program**

Eligible Fee Type	Fees Paid
i) Official Plan Amendment	\$
ii) Zoning By-law Amendment	\$
iii) Minor Variance	\$
iv) Consent to Sever	\$
v) Site Plan Control and Development Agreements	\$
vi) Plan of Subdivision/Condominium	\$
vii) Parkland Dedication Fee	\$
viii) Rental Housing Protection Act	\$
ix) Sign Permit	\$
x) Sidewalk Café Permit	\$
xi) Encroachment Agreement	\$
xii) Demolition Permit	\$
xiii) Building Permit	\$
xiv) Other	\$
<b>TOTAL</b>	\$

i. Amount of Grant Applied for to permitted maximum identified in the Program Guide

\$

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**N. Sworn Declaration**

I/WE HEREBY APPLY for the incentive programs as indicated in this application form.

I/WE HEREBY AGREE to abide by the terms and conditions of these incentive programs.

I/WE HEREBY AGREE to enter into an agreement(s) with the City that specifies the terms and conditions of these incentive programs and abide by the terms and conditions of said agreement(s).

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the City by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY GRANT permission to the City, or its agents, to inspect my/our property that is subject of this application.

I/WE HEREBY AGREE that if any statements or information in this application or submitted in support of this application are untrue, misleading or there is a material omission, the application may be rejected or not approved, or payment of the incentive may be delayed, reduced or cancelled.

I/WE HEREBY AGREE that payment of an incentive may be delayed, reduced or cancelled if the work is not completed, not completed as approved, or if the contractors are not paid.

I/WE HEREBY AGREE that the incentive programs for which application has been made herein are subject to cancellation and/or change at any time by the City in its sole discretion, subject to the terms and conditions specified in the program. Participants in programs whose applications have been approved and who have entered into an agreement(s) with the City, will continue to receive incentive program payments, subject to meeting the conditions in their agreement(s).

I/WE HEREBY AGREE that all incentive program payments will be calculated and awarded in the sole discretion of the City. Notwithstanding any representation by or on behalf of the City, or any statement contained in the incentive program, no right to any incentive arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the program and the corresponding agreement(s). The City is not responsible for any costs incurred by the Owner/Applicant in any way relating to the program, including, without limitation, costs incurred in anticipation of a grant or a development charge reduction.

Dated at the _____, this _____ of _____,				
(City/Town/City of...)		Day	Month	Year
Name of Owner/Applicant or Authorized Agent (please print)			Signature of Owner/Applicant or Authorized Agent	