

Invest in Georgina

Keswick • Sutton • Jackson's Point • Pefferlaw



GEORGINA

Community Improvement Plan — Accessibility Grant

2019



The Accessibility Improvement Grant promotes improved accessibility to existing buildings within Uptown Keswick, Sutton and Jackson's Point. Accessibility improvements must follow the accessibility requirements in the Ontario Building Code to be approved.

Sean Columbus
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Accessibility Improvement Grant Program:

Application Form

Program Description

The Accessibility Improvement Grant Program has been created to promote improved accessibility to existing buildings within Uptown Keswick, Sutton and Jackson's Point. All applications for this grant program will be considered subject to the availability of funding. Program eligibility will be determined by Staff in consultation with the Community Improvement Plan Committee (CIPC).

Grants approved under this program would be provided to property owners/business operators following the submission of the final invoices for the renovation work completed, indicating that the suppliers/contractors have been paid in full.

Eligibility for accessibility improvements include minimizing curb cuts, articulated crosswalks clearly identifying pedestrian crossing, consistent paving of roads, barrier-free storefront access, ramps or the improvement of business access (eliminating stairs), rear lot parking, enhanced lighting in pedestrian walkways and additional accessibility improvements as approved by the Town and CIPC. Accessibility Improvements must follow the Accessibility Requirements in the Ontario Building Code in order to be approved.

The grant would be a matching grant, up to a maximum of \$2,000 or 50 percent of the cost of the improvement, whichever is less.

Please Note: The Community Improvement Plan application must be submitted and approved before any work begins on your improvement project.

Program Requirements

All building owners who are located within the CIP Areas are eligible to apply for funding under this grant program, subject to the following requirements, and the availability of funding as approved by Council:

- a. Any property owner wishing to be considered for a grant under this program must complete and submit for Town approval a Landscape Improvement Grant Application Form to the Town, including a Landscape design concept, prior to the start of the project.
- b. The accessibility improvement must conform to any design guidelines approved by the Town and be in accordance with the Ontarians with Disabilities act and the Ontario Building Code.
- c. The subject property shall not be in a position of tax arrears. All taxes owing shall be paid or cancelled, prior to the disbursement of any grant money.

Note: Applicants may apply to one or more of the grant programs to the maximum allowable amount and on the basis of matching funds.

Disclaimer: All information collected in this application becomes public information with the exception of personal contact information and tax related information.

Accessibility Improvement Grant Program: Application Form

General Information and Instructions

1. Before filling out this Accessibility Improvement Grant Program application form, please read the terms and conditions of the program eligibility and requirements and arrange for a pre-application meeting with Municipal Staff. The purpose of the pre-application meeting is to confirm property and project eligibility and program requirements.
2. If an agent is acting on behalf of the property owner when submitting this application, please ensure that the required authorization is completed and signed by the owner as noted in Section F of the application form.
3. If the applicant is not the property owner, please ensure that written authorization is obtained from the property owner prior to submitting this application and that, said written authorization is attached to the application form.
4. 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.
5. Please attach to this application the required supporting documents as requested by Municipal Staff. Applications will not be considered complete until all required documents have been submitted.
6. A checklist has been provided on page seven (7) of this application, please ensure this is complete prior to submission.
7. Please ensure that the application form is complete and all required signatures have been supplied.
8. Keep a copy of the application for your own records.
9. Please print (black or blue ink) or type the information requested on the application form.
10. You may deliver your application in person or send it by mail to:

Town of Georgina
26557 Civic Centre Road
R.R. #2 Keswick, ON
L4P 3G1

Karyn Stone
Economic & Tourism Development Officer
905-476-4301 x 2312
905-722-6518
705-437-2210
kstone@georgina.ca

or **Sean Columbus**
Economic Development Officer
905-476-4301 x 2330
905-722-6518
705-437-2210
scolumbus@georgina.ca

11. The application will be approved by the Community Improvement Plan Committee (CIPC).

**Accessibility Improvement Grant Program:
Application Form**

-Please Print-

Application No. _____
(Office Use Only)

Date: _____

A. Applicant Information

Name of Registered Property Owner

Name: _____ (First) _____ (Last)

If Corporation Name
of Signing Officer _____ (First) _____ (Last)

Mailing Address: _____ ON, _____
(Street Address) (Municipality) (Postal Code)

Telephone Number: _____

Fax Number: _____

E-mail: _____

Name of Applicant (if different from the Registered Property Owner)

Name: _____ (First) _____ (Last)

Mailing Address: _____ ON, _____
(Street Address) (Municipality) (Postal Code)

Telephone Number: _____

Fax Number: _____

E-mail: _____

Agent Information (if any)

Name: _____ (First) _____ (Last)

Mailing Address: _____ ON, _____
(Street Address) (Municipality) (Postal Code)

Telephone Number: _____

Fax Number: _____

E-mail: _____

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Solicitor's Information (if any)

Name: _____
(First) (Last)

Mailing Address: _____
(Street Address) (Municipality) ON, (Postal Code)

Telephone Number: _____

Fax Number: _____

E-mail: _____

Incentives

Please indicate any other CIP programs you have received from the Town for the subject property

	Date:	Amount Received (\$)
Façade Improvement Grant Program	_____	_____
Heritage Building Improvement Grant Program	_____	_____
Landscape Improvement Grant Program	_____	_____
Accessibility improvement Grant Program	_____	_____
Redevelopment Tax Rebate Program	_____	_____
Planning and Development Fees Rebate Program	_____	_____
Residential Unit Development Grant Program	_____	_____

B. Property Information

Municipal Address of Property _____

Assessment Roll Number _____

Legal Description of Property (Lot and Plan Numbers) _____

Existing Property Use _____

Accessibility Improvement Grant Program:

Application Form

Is property designated under Part IV of the Ontario Heritage Act or listed on the Town of Georgina's Heritage Register? Yes No

Are property taxes paid in full on this property? Yes No

Are there any outstanding work orders on this property? Yes No

Size of Property _____ acres _____ hectares

Existing Buildings on Property? Yes (If yes, specify building size below) No

Building 1 _____ sq.ft.

Building 2 _____ sq.ft.

Building 3 _____ sq.ft.

C. Project Description

(i) Please describe the accessibility improvement works that are eligible for the matching grant (see page one for program description).

(ii) Cost Summary: Eligible Building Maintenance and Improvement Works (please attach **two** detailed cost estimates from bona fide contractors for work to be performed).

Type of Improvement/Construction	Cost Estimate 1 (\$)	Cost Estimate 2 (\$)
a. Accessibility Maintenance and Improvement (Insert lowest cost estimate)	_____	_____
b. Other sources of government funding? (Includes: Federal, Provincial, Municipal, Municipal heritage committee, CMHC.)	_____	_____
c. Total Eligible Costs (a and b)	_____	_____
d. Amount of Grant Applied For: (0.5 multiplied by cost item c above) to the permitted maximum identified in the program description section on page one	_____	_____

Accessibility Improvement Grant Program: Application Form

(iii) Construction Schedule

Construction of all works must commence within 6 months of approval and be completed within two (2) years of application approval.

Approximate Start Date of Construction _____

Approximate End Date of Construction _____

D. Property Indebtedness

(i) Property Taxes and BIA Levies

Type	Annual Amount Levied	Amount in Arrears
Property Taxes		
BIA Levies		

(ii) Other Encumbrances (e.g., liens, covenants, judgments)

(iii) Credit Check

The Town of Georgina reserves the right to conduct credit checks as it deems necessary. Please provide the following information.

Full Name of Registered Property Owner: _____
(First) (Last)

Date of Birth: _____

Social Insurance Number (optional): _____

Current Home
Address of Owner: _____ ON, _____
(Street Address) (Municipality) (Postal Code)

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E. Application Checklist

One complete application form signed by appropriate parties Yes No

Two (2) itemized cost estimates Yes No

Ensure that the application is legible; please print in ink or type information onto form Yes No

Supporting Documentation Yes No

- One 11x17 concept design/drawing of proposed improvements
- A front elevation photo of your building.
- Proposed front elevation detailed drawings
- List of what is going to be removed
- List of the proposed additions – new specifications

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F. Authorization

I/We, _____ are the owner(s) of the land that is subject of this application, and hereby authorize my agent/solicitor _____ to make this application and to act on my behalf in regard to this application.

Dated at the _____, this _____ of _____, _____
Township Day Month Year

Name of Owner (s)

Signature of Owner (s)

Name of Owner (s)

Signature of Owner (s)

If an agent is authorized in Section F above, all correspondence will be sent to the authorized agent. If no agent is authorized in Section F above, all correspondence will be sent to the Applicant.

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G. Sworn Declaration

I/WE HEREBY APPLY for a grant under this program.

I/WE HEREBY AGREE to abide by the terms and conditions of the grant program.

I/WE HEREBY AGREE to enter into a grant agreement with the Town of Georgina that specifies the terms and conditions of the grant.

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 Town 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 Town, or its agents, to inspect my/our property to 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 the grant may be delayed, reduced, cancelled or repayment may be required.

I/WE HEREBY AGREE that the grant may be delayed, reduced or cancelled if the work is not completed, not completed as approved, not completed within one year time frame, or if the contractors are not paid.

I/WE HEREBY AGREE the program for which application has been made herein is subject to cancellation and/or change at any time by the Town in its sole discretion, subject to the terms and conditions specified in the Program. Participants in the program whose application has been approved and have entered into a grant agreement with the Town will continue to receive their grant, subject to their grant agreement.

I/WE HEREBY AGREE all grants will be calculated and awarded in the sole discretion of the Town. Notwithstanding any representation by or on behalf of the Town, or any statement contained in the program, no right to any grant arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the program and the grant agreement. The Town 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.

Dated at the _____, this _____ of _____, _____
Township Day Month Year

Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent

Name of Witness

Signature of Witness

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H. Office Use Only	
Community Improvement Plan Committee Review	Date: _____
_____	_____
Name of CIP Committee Member	Signature of CIP Committee Member