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**COVID-19 Community Improvement Plan Grant  
Application Form**  
Municipality of Clarington  
Planning and Development Services Department

FOR MUNICIPALITY OF CLARINGTON USE ONLY	
Date Received:	File Number:
<p><b>Please check appropriate box(es) next to the category that best describes your proposed improvement(s):</b></p>	<input type="checkbox"/> Physical Distancing Improvements Grant <input type="checkbox"/> Business Adaptation Grant <input type="checkbox"/> COVID-19-Related Improved Ventilation Grant <input type="checkbox"/> Adaptation to Outdoor Operation Grant <input type="checkbox"/> COVID-19-Related Technological Improvement Grant

**1. Contact Information**

Name of Business:	Property Address:		
Registered Owner(s):	Address:	Home:	
		Business:	
		Fax:	
		Email:	
Applicant:	Address:	Home:	
		Business:	
		Fax:	
		Email:	
Cheque for CIP funds should be made out to: (please check one)		<input type="checkbox"/> Registered Owner name	
		<input type="checkbox"/> Applicant name	

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### 2. Eligibility

2.1 Was your business forced to shut down\* as a result of the Province's Declaration of Emergency commencing on March 17, 2020?

Yes  No

\*Adversely affected by the Provincial Emergency Declaration and Regulations

2.2 Please indicate the Type of Business:

Retail Store  Food Services  Arts and Entertainment  
 Personal Care Services  Registered Medical Practitioner

2.3 Please provide a Business Registration Number: \_\_\_\_\_

2.4 Please provide the date on which the Business was established: \_\_\_\_\_

2.5 Please indicate how many employees the Business employed as of March 17, 2020 expressed as Full-Time Equivalents (FTE)\*: \_\_\_\_\_

\*Full-Time Equivalents (FTE) means the total hours worked divided by average annual hours worked in full-time jobs. A Full-Time job is considered one in which an employee works 30 hours or more per week.

2.6 Has your Business received any other COVID-19-related grant funding?  Yes  No

If Yes, please provide details:

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### 3. Description of the Proposed Improvements

- 3.1 Please give a detailed description of your proposed COVID-19-related improvements below (attach an extra page if required). This description should include identification of materials to be used and full details of the project. You may also attach photographs or drawings to help describe the proposed improvement.

### 4. Work Estimate

- 4.1 Please attach estimates or actual costs for each component of the proposed improvements. Eligible costs shall be the cost of materials, equipment and contracted labour to complete improvements. If you are applying for more than one category, you will need one estimate for each. Professional fees such as architects, engineers and solicitors are not considered eligible costs. Only costs incurred after March 17, 2020 will be considered. Please summarize these estimates in the table below:

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Name/Company	Estimate \$	Phone Number	Grant Program Involved

### 5. Completeness of this Application

When this application is submitted, please ensure you are attaching each of the required documents. The following must be provided by the applicant for the application to be considered complete:

- Outline of works to be completed;
- Details of how the proposed works supports your business during the COVID-19 pandemic and makes your business more resilient in the future;
- One (1) copy of any permits, licenses, drawings, renderings and/or other materials necessary to implement the proposed work;
- One (1) copy of the business' Financial Statements for the last full fiscal year;
- One (1) copy of the business' Financial Statements for March through September 2020; and
- If the business is unincorporated, a completed Net Debt Calculation Form (see attachment to Application Form)

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**6. Declarations**

- 6.1 The business was solvent, viable and not declared bankrupt prior to the COVID-19 crisis (March 17, 2020). Yes  No
- 6.2 The business is not a national or international franchise or subsidiary of a larger corporation where financial support can be provided by the parent company or trust fund. Yes  No
- 6.3 The business is able to maintain operations for a minimum of six months from the date of this application. Yes  No
- 6.4 The business has not received any other grant funding related to COVID-19 (excluding the Canada Emergency Wage Subsidy (CEWS) Program and the Canada Emergency Commercial Rent Assistance Program). Yes  No
- 6.5 All information provided in this application is true and as accurate as possible based on currently available information. Yes  No

I/We have read and understood all applicable Financial Incentive Program Eligibility and Means Test Requirements under the COVID-19 Community Improvement Plan (CIP) and by submitting this application, the applicant affirms that the facts set forth in this document are true and complete.

\_\_\_\_\_  
Signature of Applicant (if not property owner)

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

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**8. Signatures and Owner Authorization**

\_\_\_\_\_  
Signature of Applicant (if not property owner)      Print Name

Date: \_\_\_\_\_

Owner Authorization to complete improvements outlined in this application (if the applicant is NOT the property owner)

\_\_\_\_\_  
Signature of Property Owner      Print Name

Date: \_\_\_\_\_

**Application must be submitted to:**

Planning and Development Services Department  
Municipality of Clarington

40 Temperance Street, Bowmanville, Ontario, L1C 3A6

Phone: 905-623-3379      Toll Free: 1-800-563-1195      Fax: 905-623-0830

Email: [sallin@clarington.net](mailto:sallin@clarington.net)