



# Downtown Revitalization Program Application

## 1. Applicant Information

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Phone:	Email Address:	

## 2. Owner Information

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Phone:	Email Address:	

## 3. Project Information

Building Address:	
Legal Location:	
Estimated Start Date:	Estimated Completion Date:
Please provide a brief description of the project:	

#### 4. Project Funding

a) Funding Request (maximum \$5,000)	\$ _____
b) Cash	\$ _____
c) Other Funding Expected	\$ _____
d) Donated Labour/Services	\$ _____
e) Donated Materials/Equipment	\$ _____

#### 5. Eligibility

a) The building is a storefront business located in the downtown area, as per the Downtown Revitalization Program Policy approved map.	<input type="checkbox"/>
b) Construction work on the building has not started.	<input type="checkbox"/>
c) The project will be completed within one (1) calendar year.	<input type="checkbox"/>
d) This application does not pertain to a home-based business, non-profit organization, or tax-exempt property.	<input type="checkbox"/>
e) A reimbursement grant under the Downtown Revitalization Program has not been received for a prior project at the premises.	<input type="checkbox"/>
f) The Applicant is current on any amounts owing to the Town of Athabasca.	<input type="checkbox"/>
g) Supporting documents outlining the estimated costs of the project are included with this application form.	<input type="checkbox"/>

#### 6. Property Owner Authorization

I hereby authorize \_\_\_\_\_ to act on my behalf with respect to the Downtown Revitalization Program Application.

Date:

Owner Name:

Owner Signature:

## 7. Applicant Declaration

a) I have reviewed the Downtown Revitalization Program Policy and Procedures and understand the conditions attached to the funding.	<input type="checkbox"/>
b) Incomplete applications and those that do not meet eligibility criteria will not be considered.	<input type="checkbox"/>
c) I acknowledge that it is the Applicant's responsibility to obtain any necessary permits required for the project. Reimbursement will not be granted to projects completed without the required permits.	<input type="checkbox"/>
d) If a grant is approved, the work will be completed as outlined in the application. Any deviations must be evaluated and approved by the Town of Athabasca.	<input type="checkbox"/>
e) I acknowledge the original sales receipts must be submitted by December 31 <sup>st</sup> of the year the work is complete to receive the reimbursement grant funds.	<input type="checkbox"/>
Date:	Applicant Name:
Applicant Signature:	

**The Applicant will be notified of the decision in writing within 30 days of the application date.**

**Please submit completed form and supporting documents to:**

**Email:** town@athabasca.ca

**Mail:** 4705 49 Avenue  
Athabasca, AB  
T9S 1B7

**Fax:** 780-675-4242