



WEST BROADWAY BIZ

2012 Safety Incentive Program Grant Application Form

Section 1: General Information

The goal of the Safety Incentive Program is to assist businesses in the West Broadway BIZ area, (members in good standing) in improving the safety and security on and around the exterior of their building in order to improve the safety of the BIZ area and its employees and patrons.

Eligible Improvements: Physical improvements including exterior lighting, motion lighting, security cameras etc., which will contribute to the enhancement of the commercial viability and safety of the BIZ area. Eligible costs include the related labour and supply costs of an improvement, but not the costs related to zoning, permits, administration, legal and/or financing services.

Grant Information: Maximum grant available is \$500 per member every 3 years, to be matched on a 50/50 basis by the applicant. The applicant will be responsible for paying for the related costs of an improvement prior to receiving the grant. Multiple improvements may be submitted on one application. Prior to reimbursement representatives of the BIZ board will review the application and inspect the improvements. All applications will be reviewed by the BIZ Safety Committee on a *first come, first serve basis*. Applicants will be informed of their approval from the BIZ board. Application for the grant must be submitted no later than 1 year after completion of the improvement.

Section 2: Applicant

Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Owner's Name (if different from applicant): _____

Owner's Address: _____ Telephone: _____

Business Name: _____

Address: _____ Retail Type: _____

Business on Main Floor (circle one): Yes No

Section 3: Description of Completed Improvement(s)

Provide a description of the completed improvement(s). Attach copies of any supporting documents relating to the costs of the improvement and any pictures taken before and after the improvement.

Section 4: Breakdown of Cost

Total Cost of Improvement(s): \$ _____
Amount of Grant Requested: \$ _____
Professional Designer (where required for permits): _____
Licensed Bonded Contractors or Trade Persons: _____

Description of Items	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Section 5: Certification

It is hereby certified that the information provided in this application is to the best of my knowledge accurate.

Applicants Name

Owners Name (if different than Applicant)

Applicants Signature

Owners Signature (if different than Applicant)

Sign at Winnipeg, MB this ____ day of _____, 20 ____

BIZ Board Member

President's Name

BIZ Board Member Signature

President's Signature

Sign at Winnipeg, MB this ____ day of _____, 20 ____

Please drop off your application at:

Marcel's Drapery & Blinds
1-156 Sherbrook St.
Winnipeg, MB.
R3C 2B4
Phone: 786-8585