



# WEST BROADWAY biz

## 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 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 safety committee 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 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 mail your application to:

West Broadway BIZ  
Box 26003  
676 Portage Avenue  
Winnipeg, MB.  
R3G 3R3  
Phone: 204-779-4100