



Town of Stratford Heritage Incentive Program Grant Application

Section 1. Heritage Place Information

Address/Location	PID (Property Identification Number)
Civic Address	This property is designated <input type="checkbox"/> Date _____ This property is registered <input type="checkbox"/> Date _____

Section 2. Owner Information

1. Name of Owner	Postal Code	
Address	Telephone No.	Fax No.
2. Name of Applicant (<i>if different from owner's name</i>)	Position Title	
Address	Postal Code	
Email	Telephone No.	Fax No.

Section 3. Project Description

General Description and Purpose			
<p>Cost for Complete Project <i>Include cost of all eligible work.</i></p> <p style="text-align: right;">Labour \$ _____</p> <p style="text-align: right;">Materials \$ _____</p> <p style="text-align: right;">Design, Engineering Fees \$ _____</p> <p style="text-align: right;">Other (Specify) \$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">Total Cost \$ _____</p>	<p>Proposed Funding Sources <i>Include all funding sources that will be used.</i></p> <p style="text-align: right;">Owner Equity \$ _____</p> <p style="text-align: right;">Loans \$ _____</p> <p style="text-align: right;">Other Approved Grants \$ _____</p> <p style="text-align: right;">Other Non-confirmed Grants \$ _____</p> <p style="text-align: right;">Other Funding Sources \$ _____</p> <p style="text-align: right;">Stratford Incentive Program \$ _____</p> <p style="text-align: right;">Total Funding from all Sources \$ _____</p>		

Total Cost \$ _____	Amount Requested \$ _____ (50% of total eligible costs- cannot exceed \$5,000. If final costs are less than those estimated on the application, then the final disbursement will reflect an overall max. 50% support of the total eligible costs. Max. grant for asphalt (non-historic) roofing and painting are limited to \$1,000. Signage is limited to a max. grant of \$500.)
Start Date	Completion Date

Section 4. Project Financing Summary

Costs and Revenues Work Item No. 1 _____ Work Item No. 2 _____ Work Item No. 3 _____ Work Item No. 4 _____
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Section 5. Declaration

To be completed by the person preparing this application form.

I, _____ of _____
(Full Name – please print) (City, Town, Place)

of the province of Prince Edward Island, being the owner, lessee or agent) of

(Name of Heritage Place)

certify that, to the best of my knowledge, the information provided in this application and the attached documents is accurate and complete. I declare that I will abide, in all respects, by the conditions specified in the Stratford Heritage Incentive Program Guidelines and this application that relate to any assistance that might be provided to me or my organization under this program.

 Signature

 Date

 Title

Section 6. Attachments

Please read the program guidelines (on the insert sheet accompanying this application form) and all instructions before completing this application form. Attach addition supporting material Type or print clearly. Applicants should allow a reasonable amount of time from the submission of a request to receive a response.

Send your completed application to:

Department of Planning, Development & Heritage
 Town of Stratford
 234 Shakespeare Drive, Stratford, PE C1B 1L8