



2021 Business Façade Improvement Program Grant Application

APPLICANT INFORMATION

Applicant Name: _____ Phone #: _____

Mailing Address: _____ Postal Code: _____

Building Address: _____ Postal Code: _____

Email: _____ Business Name: _____

Business Status: Existing Business New Business

Business Type: Commercial Not-for-Profit Storefront Home Based

If you are applying as the tenant of a building please provide the following information and attach a letter of consent from the owners stating that you are allowed to make these changes to the building and will cover all costs.

Owner's Name: _____ Phone #: _____

Mailing Address: _____ Postal Code: _____

Email: _____

PROJECT DESCRIPTION

Proposed Start Date: _____ Planned Completion Date: _____

Project Cost Components (Estimates):

COMPONENT	LABOUR	MATERIALS
Design	\$	\$
Mechanical	\$	\$
Electrical	\$	\$
Structural	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL	\$	\$

Estimated Total Project Cost (Labour + Materials + Shipping/Freight + PST but no GST): \$ _____



2021 Business Façade Improvement Program Terms and Conditions

I, _____ (applicant), of _____ (business) have read the complete application and guidelines package and concur with and give my consent to the work proposed in the application.

I assume all responsibility for obtaining appropriate architectural drawing, permits (including VQC Siting and Use permits under Bylaw 102-2017, BC Safety Authority electrical, plumbing, gas/propane permits, etc. as required) and inspections, and hiring of contractors as necessary.

I agree not to involve the Village of Queen Charlotte or the Business Façade Improvement Program Sponsor in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the façade improvement project.

It is the full responsibility of the applicant to ensure that the design and construction of the project is in compliance with the BC Building Code.

I agree to allow the Village of Queen Charlotte to use before and after photos of the project and my statement about how the program has benefitted my business for the purpose of promoting the program.

Payment of approved grants will be made once I provide the Project Review Committee with proof of final completion of the proposed improvements along with verification of expenditures and proof of final inspection (when applicable).

Signature: _____

Date: _____

Name (printed): _____

Title: _____

VQC STAFF CHECKLIST – APPLICATION REVIEW

Application Timeframe: <input type="checkbox"/> Application Date: _____		Eligible business: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous successful application(s): <input type="checkbox"/> No <input type="checkbox"/> Yes – Date(s): _____ Amount(s): \$ _____ Remaining application lifetime limit (maximum \$5,000 per applicant): \$ _____		
Property Status: <input type="checkbox"/> Property Taxes paid up-to-date <input type="checkbox"/> Utility Taxes paid up-to-date <input type="checkbox"/> License Fees paid up-to-date <input type="checkbox"/> Siting and Use Permit (if required)	Type of Application: <input type="checkbox"/> Business Façade <input type="checkbox"/> Way-Find Signage	Joint Project: All partner applications received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age/Condition of Building: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Impact on Streetscape: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Quality of Design: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Project Components – select all that apply – see Program Guide for full details		
Eligible improvements: <input type="checkbox"/> Exterior architectural features, surfaces and details <input type="checkbox"/> New siding <input type="checkbox"/> Façade Painting <input type="checkbox"/> Awnings <input type="checkbox"/> Exterior lighting (new only) <input type="checkbox"/> Signage (affixed to the building) <input type="checkbox"/> Windows* <input type="checkbox"/> Entrances and doorways* <input type="checkbox"/> Accessibility improvements (ramps, wider doors etc.) to the outside of the building* <input type="checkbox"/> Way-finding signage (home-based businesses only) * only if part of larger improvements	Ineligible Improvements: <input type="checkbox"/> Routine maintenance or structural repairs <input type="checkbox"/> Roofs <input type="checkbox"/> Non-permanent fixtures (benches, planters, etc.) <input type="checkbox"/> Landscaping, paving, fencing <input type="checkbox"/> Interior / internal improvements <input type="checkbox"/> Improvements not visible from the public ROW <input type="checkbox"/> Construction of additions, accessory or new buildings <input type="checkbox"/> Improvements started prior to application approval <input type="checkbox"/> Improvements deemed inconsistent with redevelopment purposes and design guidelines	

VQC STAFF CHECKLIST – EXPENDITURE REVIEW ON PROJECT COMPLETION

Required Documents: <input type="checkbox"/> Copies of all invoices or receipts <input type="checkbox"/> Copies of cleared cheque/ statements confirming payments <input type="checkbox"/> Final inspection approval (if applicable) <input type="checkbox"/> Pictures of the completed project <input type="checkbox"/> Short statement about how the program has benefited the business <input type="checkbox"/> No outstanding permits or unapproved developments	Eligible Costs/ Expenses: <input type="checkbox"/> Direct project labour costs <input type="checkbox"/> Design, architectural or engineering fees (related to facade only) <input type="checkbox"/> Contractor fees <input type="checkbox"/> Rental of tools and equipment <input type="checkbox"/> Project related materials and supplies <input type="checkbox"/> Shipping and Freight costs <input type="checkbox"/> PST	Ineligible Costs/ Expenses: <input type="checkbox"/> Owner/applicant wages and/or benefits related to project labour, or other costs related to supplies or administration <input type="checkbox"/> Staff wages and/or benefits <input type="checkbox"/> Equipment purchases <input type="checkbox"/> Utilities (hydro, gas etc.) <input type="checkbox"/> GST <input type="checkbox"/> Permit fees
Expenses Verified by (print name/title): _____	Total Reimbursement: \$ _____	Cheque Date: _____