

MUNICIPAL COAL TRANSITION ASSISTANCE PROGRAM (MCTAP) Phase 2
Grant Application Form

	Application Date:	
SECTION I. GENERAL APPLICANT INFORMATION		
1. Name of Applicant: <input style="width:90%;" type="text"/>		
2. Address: <input style="width:95%; height:100px;" type="text"/>	4. Phone No: <input style="width:90%;" type="text"/> Fax No: <input style="width:90%;" type="text"/>	
3. Postal Code: <input style="width:200px;" type="text"/>	5. Email Address: <input style="width:90%;" type="text"/>	
6. Legal Status of Applicant (please choose one of the following): <input type="checkbox"/> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Association <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): <input style="width:400px;" type="text"/>		
7. Names, Positions and Addresses of Principal Members (i.e., if company, director):		
<i>Name</i>	<i>Position</i>	<i>Address</i>
<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>
<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>
<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>
<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>	<input style="width:250px; height:30px;" type="text"/>
8. Name and Position of Representative of Applicant Responsible for Project:		
<i>Name</i>	<i>Position</i>	
<input style="width:350px; height:30px;" type="text"/>	<input style="width:350px; height:30px;" type="text"/>	

SECTION II. PROJECT INFORMATION

1. Project Description:

Please use the space provided below and/or attach additional pages and supporting documents, such as a business plan or letters of support, as necessary.

[Empty rectangular box for project description]

2. Program Elements Summary:

- a. For non-capital items, please include a third-party proposal and quote outlining the scope of work to be completed, including project team, timeline and fixed price budget.
- b. For capital items, please include quotes from vendors.

***Are quotes attached to this application?** Yes No

NOTE: This grant program does not cover expenditures made prior to application date.

List Summary of Capital or Non-Capital Items:	Total Project Cost	Total Eligible Capital Costs (up to 25%, maximum \$100,000)	Total Eligible Non-Capital Costs (up to 75%, maximum \$350,000)	Total Eligible Costs
<i>Sub-totals</i>				

Total Grant Request:

3. Project Team Members:

Please identify the key project team members, their role and contact number.

Name	Role	Contact Number

4. Anticipated benefits to applicant and to Southeast Saskatchewan:

This question is very important for committee decision-making. Please be as specific as possible and attach supporting documentation as necessary. For example, how will this project attract, expand or grow businesses in the region? How will this project attract investors? How many and what kinds of job opportunities could this opportunity create?

5. Project Start Date:

6. Project Completion Date:

7. Have you requested, are you eligible for, or do you anticipate any federal, provincial or municipal assistance for this project other than through this application?

Yes

No

If **Yes**, please provide details in the space provided below:

NOTE: PLEASE READ THIS CAREFULLY BEFORE SIGNING AND PLEASE ENSURE THAT THE SIGNATURE HAS BEEN DULY WITNESSED.

SECTION III. GRANT TERMS AND CONDITIONS

The applicant hereby agrees:

1. to submit all financial information, documentation or additional information requested for processing of the application or for auditing the grant;
2. that funds shall be used only on projects for which they are granted;
3. to comply with all terms and conditions of the grant;
4. that all corporation, societies and bodies named in the application are validly incorporated, exist as legal entities and have powers and objects wide enough to use any grant made under the application;
5. the applicant agrees to provide a final report to the Municipal Coal Transition Assistant Program Committee;
6. THAT INFORMATION GIVEN IN THE APPLICATION AND SUPPORTING DOCUMENTATION IS COMPLETE AND CORRECT AND I HAVE THE AUTHORITY TO SIGN THIS DOCUMENT. I UNDERSTAND THAT GIVING FALSE OR MISLEADING INFORMATION IS AN OFFENCE UNDER THE CRIMINAL LAW.

SECTION IV. NOTIFICATION, REPORTING AND COMMUNICATION

The applicant hereby agrees:

Applicants will be required to complete and sign an application form.

Applicants may be required to attend a consultation with the Evaluation Committee should the Committee require additional information or clarification.

Grant decisions will be made on an ongoing basis to provide a response to applicants within approximately six (6) weeks after the deadline for application submission.

The Municipal Coal Transition Evaluation Committee may request additional information for processing and auditing of grants. This may cause delays.

Funds will be disbursed to applicants on approved projects upon receipt of proof of payment and work completed.

Once the project is complete, a final project summary report must be submitted, in full, within six (6) months of the project completion. The report must include supporting documentation outlining outcomes from the grant, such as number of jobs created, increase in sales or productivity or value of investments made.

For any press or social media releases you must:

Acknowledge the City of Estevan, the Southeast Sask Economic Partnership Inc. (SSEP), the Municipal Coal Transition Assistance Program (MCTAP) and the Government of Saskatchewan.

Provide a copy to the City of Estevan (j.massey@estevan.ca) and SSEP (communications@ssep.ca) for approval BEFORE posting or releasing.

SIGNATURES	
Applicant Signature:	Print Name: _____ Position: _____
Signature of Witness:	Print Name: _____ Position: _____
Date Signed:	

THIS FORM MUST BE DELIVERED FOR SIGNATURE PURPOSES TO:	
For grant applications for businesses to be located in the <u>RM of Estevan, RM of Coalfields or the Town of Bienfait</u> , submit to:	For grant applications for businesses to be located in <u>City of Estevan</u> , submit to:
<p>Tim Keating, MBA, BEc., RRP, MCIP</p> <p>Managing Director SSEP</p> <p>Email: info@ssep.ca</p> <p>Fax: 306-634-2223</p>	<p>Jeff Ward CPA, CA</p> <p>City Manager City of Estevan</p> <p>Email: j.ward@estevan.ca</p> <p>Fax: 306-634-9790</p>

OFFICE USE ONLY:	
Date Received:	Received By (Signature):

Protection of Privacy - Personal information provided is collected in accordance with the Freedom of Information and Protection of Privacy Act (FOIP). It will be used for the purpose of this application for financial assistance. Should you require further information about collection, use and disclosure of personal information, please contact: City of Estevan, 1102-4 Street, Estevan, Saskatchewan, S4A 0W7 (306) 634-1803