

Please type or print all the information on this application

1. Community name: \_\_\_\_\_

2. Project title: \_\_\_\_\_

3. A. General description of project: ( e.g. size, length, horsepower)

B. Amount of funding requested: \$

Department Use:	Category: Check Box	
Date Received: _____	<input type="checkbox"/> Legislative	<input type="checkbox"/> Maintain Existing Infrastructure
Application Number: _____	<input type="checkbox"/> New Infrastructure	<input type="checkbox"/> Minor Capital

4. A. Address of community council or contact:

B. Name of officials to be contacted about the application:

Primary Contact (council or contact)	Position	Phone Number
		Fax Number
Secondary Contact (council or contact)	Position	Phone Number
		Fax Number

Please read application instructions carefully. Incomplete or incorrect information may delay consideration of the application. Application must be completed and forwarded to your regional office by the first Monday in May.

5. A. Is this project a part of your five-year Capital Plan

YES     NO

B. If **NO**, State why?

6. A. Earliest feasible start date (if known) \_\_\_\_\_

B. Estimated completion date: \_\_\_\_\_

7. Project location (legal description, Plan number, Lot number, street):

**8. Project description and costs:**

Please complete the following items that apply to your proposed project and indicate the related cost estimate for each. Remember to include the applicable taxes and appropriate inflation and contingency rates. When project costs include multiple components from different vendors, the breakdown of taxes must be provided for each vendor for each service or product. Blank sheets are provided at the back of this application to describe additional details. (This cost should match that given in 3. B)

**A. Water/Sewer Lines & System:**

Has a feasibility study been done? If so, identify the study completed, year completed, Executive Summary and cost estimate(s).

Include alternate concepts and indicate if this is for a new plant/upgrading plant, new lines/upgrading lines. Items to consider for cost estimate: length of lines, number of lots to be serviced, permits, licensing, agreements.

Describe in Detail:

Cost Estimate: \$ \_\_\_\_\_

**B. Land Development:**

Consider such things as: subdivision development, roads, drainage, waterlines, waste disposal sites, building sites, permits, licensing, and agreements. Will land have to be acquired/reserved/surveyed?

Describe in Detail:

Cost Estimate: \$ \_\_\_\_\_

**C. Building:** Attach a draft drawing and any other information related tot he completion of this project.

<b>Size</b>	_____	<b>Meters X</b>	_____	<b>Meters =</b>	_____	<b>Square Meters</b>
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Type: \_\_\_\_\_ wood frame, concrete, pre-fab. etc.

Foundation: \_\_\_\_\_ pile, grade beam, concrete slab, etc.

Describe work to be done and list costs:

Items to consider for cost estimate: permits, drawings, materials, labour, subcontractors, excavation/landscaping, road access, hydro connection. (In LGMPP please see Appendix F10-B Guidelines for Community Municipal Infrastructure)

Cost Estimate: \$ \_\_\_\_\_

**D. Additions/ Renovations:**

Attach drawing and any information relating to the completion of this project.

Age of existing building	_____			
Size of existing building	_____	Meters X	_____	Meters
Size of addition	_____	Meters X	_____	Meters
Foundation of existing building	_____	piles, grade beam, concrete slab, ect.		

Describe work to be done and list costs. Items to consider for cost estimate: permits, drawings, materials, labour, subcontractors, excavation/landscaping.

Cost Estimate: \$ \_\_\_\_\_

**E. Equipment Purchase:** vehicles/machinery/major fire equipment

Name:

Year/Make/Model/Size:

Trade-in year/make/model/size/condition:

Include costs of accessories:

Cost Estimate: \$ \_\_\_\_\_

If this is a replacement unit, is the request in accordance with the Vehicle Replacement Guideline? (in LGMPP see Appendix F10-A)

Possibly  YES  NO

If **NO** please provide details and documentation justifying the replacement:

**F. Other Project:** Various planning costs, office furniture/equipment, recreation equipment, plant equipment, minor fire equipment or major machinery equipment repairs.

Describe in Detail:

Cost Estimate: \$ \_\_\_\_\_

**9. Operating costs:**

Annual projected operating costs once project is complete. Include such things as: hydro, water, sewage, gas, oil, maintenance, wages (may be available in the study if a study was completed). Additional space is provided at back of this application.

List:	Costs:

Total Operating Costs: \$ \_\_\_\_\_

**10. Operating revenue:**

Annual projected operating costs once project is complete. Include such things as: hydro, water, sewage, gas, oil, maintenance, wages. Additional space is provided at back of this application.

List:	Costs:

Total Annual Revenue: \$ \_\_\_\_\_

**11.** Is this project jointly funded with other agencies? First Nations, federal/provincial governments, grants, or other. If yes, describe and attach correspondence confirming agreement.

Possibly  YES  NO

**12.** Will special training be required to operate this project, once completed? If yes, describe how the community plans to operate. Will a backup operator be required? Is special training required immediately or does this resource exist within the community at present? Additional space is provided at the back of this application.

Possibly  YES  NO

Describe on next page

Describe:

**13. Delivery Method:**

Community

Joint

Department

**14.** Can this project be complete in phases?      YES       NO

If **YES**, describe:

**15. A.** Justification for the request. Describe fully and attach such items as: monitoring reports, external reports from other agencies, safety reports, environmental reports and any other information to support your application.

**B.** Indicate the planned major use(s) of the project, once completed.

**16. A.** Indicate the number of residents or communities who will benefit from this project. Identify the community and ensure letters of support are attached for other communities named.

**B.** Describe how this project will benefit residents/communities.

17. If the project application is not approved for delivery this year, would this service be available otherwise?  
 Can service be acquired from other communities, private sector or other?

YES  NO

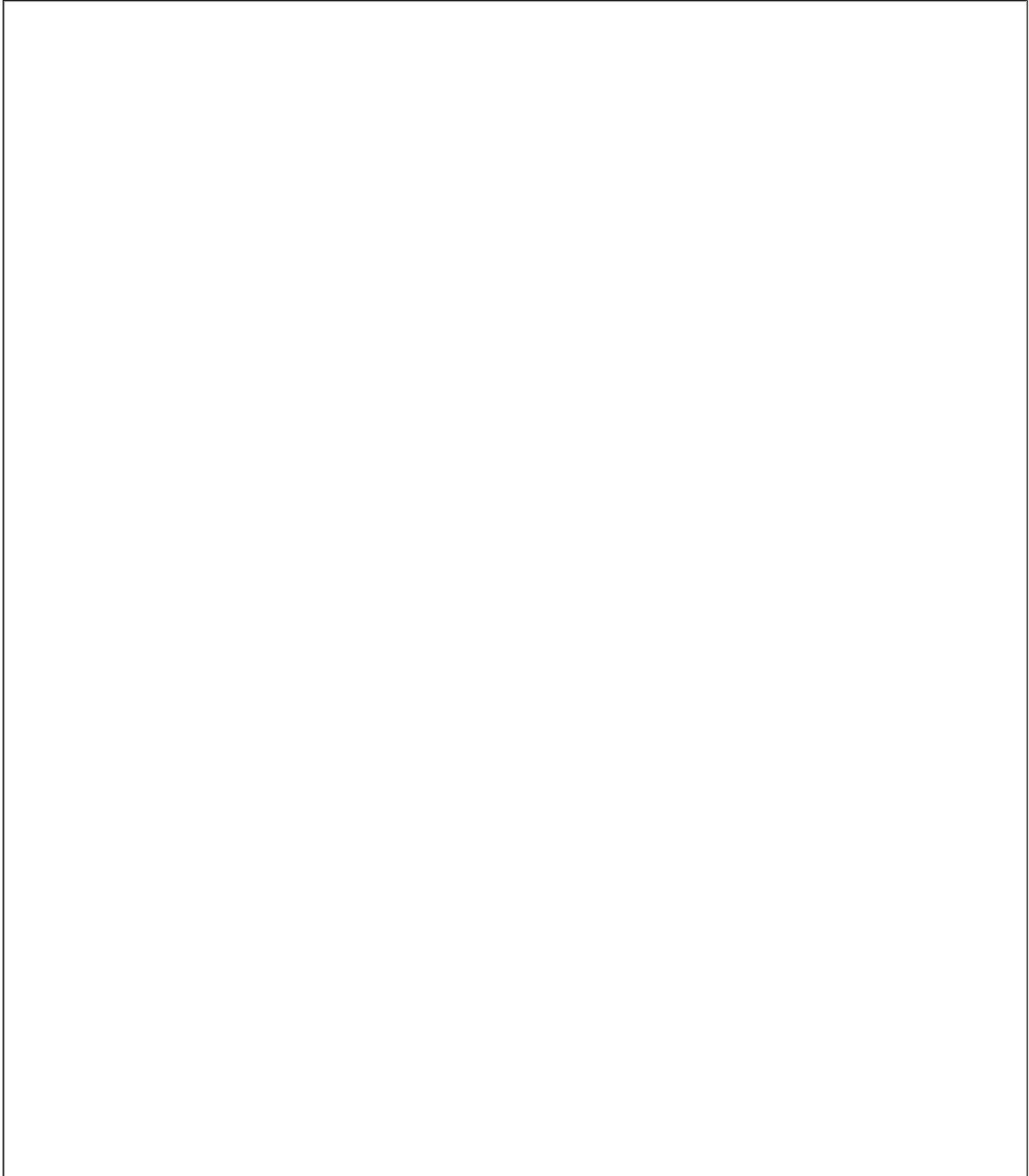
**Explain:**

Community Council of (or name of contact community)			
Approved by Resolution # (resolution not required if contact community)			
Date:		20	
Mayor or Contact Person		Community Administrative Officer (if applicable)	

**Additional Supporting Documentation (list):**

Additional Information:

Please use this page to justify a vehicle purchase/replacement where a business case is required or indicate the question number you are referring to. If the application is for a new equipment purchase, a business case must be provided:

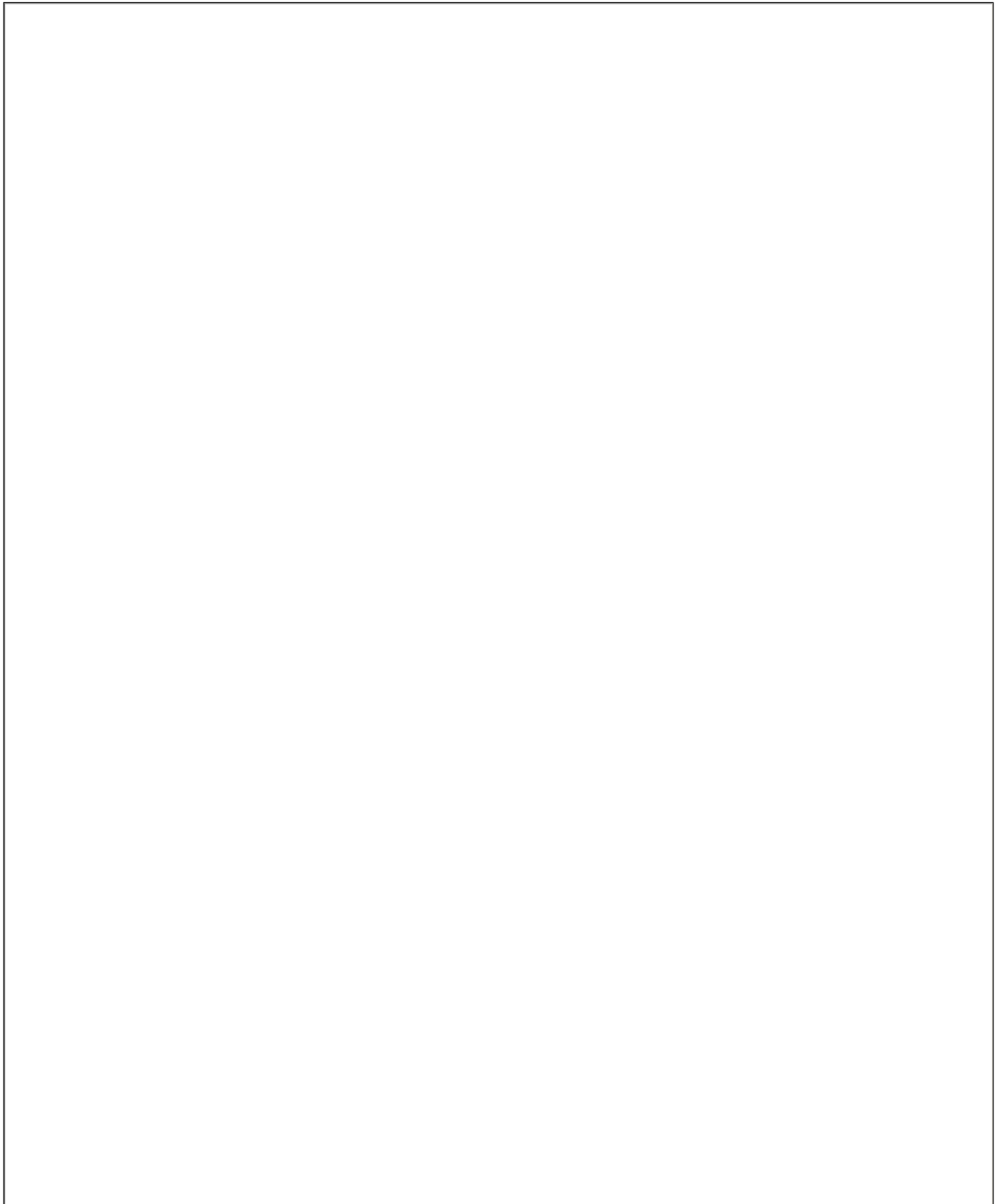
A large, empty rectangular box with a thin black border, intended for the applicant to provide justification for vehicle or equipment purchases. The box occupies most of the page below the instructions.

If additional space is required, copy this blank page.



**Additional Information:**

Please indicate the question number you are referring to:

A large, empty rectangular box with a thin black border, intended for the user to provide additional information or refer to specific question numbers.

If additional space is required, copy this blank page.

For Department Comments:

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