

Please type or print all the information on this application.

1. Community name: \_\_\_\_\_
2. Project title: \_\_\_\_\_
3. A. General description of project: (e.g. sizes, length and horsepower)

\_\_\_\_\_

\_\_\_\_\_

B. Amount of funding requested: \$ \_\_\_\_\_

Departmental 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
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\_\_\_\_\_

Fax Number

Secondary Contact, (council or contact)	Position	Phone Number
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\_\_\_\_\_

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. Earliest feasible start date (if known): \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

7. Project location (legal description, plan, 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 to the completion of this project.

Size \_\_\_\_\_ meters X \_\_\_\_\_ meters = \_\_\_\_\_ square meters

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. (See LGMPP Appendix F10-B)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, etc.

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:

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

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Include costs of accessories:

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

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

Possibly  Yes  No

If not, please provide details and documentation justifying the replacement:

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

Describe in Detail:

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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:

Cost:

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Total Operating Cost: \$ \_\_\_\_\_

**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 the back of this application.

List:

Cost:

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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:

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**13. Delivery method:**

Community

Joint

Department

**14. Can this project be completed in phases?**

Yes

No

If yes, describe:

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**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.

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

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**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.

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

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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):







