

# City of Elliot Lake Community Improvement Plan Final Submission & Claim Form

## Instructions:

Questions and original copies of completed forms can be submitted to:

City of Elliot Lake  
Economic Development Office  
45 Hillside Drive North  
Elliot Lake, ON  
P5A 1X5  
Tel: (705) 848-2287 ext. 2139

*Review acceptance letter from the City of Elliot Lake for any special instructions. All invoices submitted must be dated after the date of the acceptance letter. All work contemplated in the application and in the letter of approval must be complete prior to any claim being considered.*

**Applicant:** *(written authorization from the building owner is required if applicant is tenant)*

Name:	_____		
Business Name:	_____		
Address:	_____	Postal Code:	_____
Home Phone #:	_____	Work Phone #:	_____
Email Address:	_____	Fax #:	_____

## Property Details:

Are there any outstanding work orders on the subject property?

Fire Prevention	Yes	_____	No	_____
Property Standards	Yes	_____	No	_____
Building Code	Yes	_____	No	_____
By-Law Enforcement	Yes	_____	No	_____

Include copies of existing work orders to this application

Are taxes in arrears on this property?	Yes	_____	No	_____
Are there water arrears on this property?	Yes	_____	No	_____



**Claim & Invoices:**

In the spaces provided below, list each incentive and the total amount approved followed by a list of invoices that correspond to that incentive (i.e. list sign related invoices under the Signage Incentive Grant). Total all incentives and the amount being claimed at the bottom of Page 3. The Total Incentive Requested can not be greater than 50% of the Total of Invoices and can not exceed the eligible incentive amount.

All invoices must be legible, must not be dated earlier than the letter of approval from the City of Elliot Lake, must be from legitimate sources and must be for work completed to the building as approved.

Tables on this page provide more space than those on the following page. Use for incentives that required more invoices.

Incentive: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

*List of Invoices Attached*

Issuer and Invoice Number	Total Amount of Invoice

Total of Invoices: \_\_\_\_\_

Total Incentive Requested: \_\_\_\_\_

Incentive: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

*List of Invoices Attached*

Issuer and Invoice Number	Total Amount of Invoice

Total of Invoices: \_\_\_\_\_

Total Incentive Requested: \_\_\_\_\_

**Claim & Invoices *Continued*:**

Incentive: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

*List of Invoices Attached*

Issuer and Invoice Number	Total Amount of Invoice

Total of Invoices: \_\_\_\_\_

Total Incentive Requested: \_\_\_\_\_

Incentive: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

*List of Invoices Attached*

Issuer and Invoice Number	Total Amount of Invoice

Total of Invoices: \_\_\_\_\_

Total Incentive Requested: \_\_\_\_\_

Incentive: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

*List of Invoices Attached*

Issuer and Invoice Number	Total Amount of Invoice

Total of Invoices: \_\_\_\_\_

Total Incentive Requested: \_\_\_\_\_

TOTAL OF ALL INVOICES:	
TOTAL OF ALL INCENTIVES REQUESTED:	

## Confidentiality and Consent

All information included in this form will be kept strictly confidential under the Municipal Freedom of Information Act.

The applicant consents to the use of his or her name and their business name and address in connection with any program funding announcements.

This application is being made in accordance with the City of Elliot Lake Community Improvement Plan. The undersigned hereby applies for reimbursement of costs associated with work completed and guarantees that all invoices are for work approved under the Community Improvement Plan application. Should it be determined that any of the invoices are for work not associated with the approved project or are not legitimate invoices, the City of Elliot Lake may demand repayment of all or a portion of the incentive paid to the undersigned. The undersigned takes full responsibility for payment of all invoices and holds harmless the City of Elliot Lake for any action resulting from the work completed under this project.

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Signature of Owner or Authorized Applicant

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Date

## For Office Use Only

Date Received \_\_\_\_\_

Information Complete            Yes \_\_\_            No \_\_\_

Information Verified            Yes \_\_\_            No \_\_\_

Payment Approved            Yes \_\_\_            No \_\_\_

Date Approved \_\_\_\_\_