



## TOWN OF NEW TECUMSETH HOUSING FUNDING ASSISTANCE APPLICATION

*Please fill in the information below and attach it to the front of the application package*

<b>Organization Name:</b>	
<b>Contact Name and Title:</b>	
<b>Mailing Address:</b>	
<b>City &amp; Province:</b>	<b>Postal Code:</b>
<b>Charitable Registration Number (if applicable):</b>	
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Amount you are requesting from the Town of New Tecumseth: \$ _____</b>	

<b>Project Developer (if different from Organization):</b>	
<b>Contact Name and Title:</b>	
<b>Mailing Address:</b>	
<b>City &amp; Province:</b>	<b>Postal Code:</b>
<b>Phone Number:</b>	<b>Email Address:</b>

**Please forward your completed proposal to:**

**Town Clerk  
Town of New Tecumseth  
Box 910, 10 Wellington Street East  
Alliston Ontario L9R 1A1**

*Note: Personal information contained on this form is collected under the authority of the Municipal Act, 2001, as amended and the Municipal Freedom of Information and Protection of Privacy Act and will be used to determine eligibility for grants.*

## **HOUSING FUNDING ASSISTANCE POLICY**

**Date Approved: June 23,2008**

**Resolution No: 2008-107**

### **Purpose**

The aim of this policy is to provide financial assistance to non-profit and charitable organizations within the Town of New Tecumseth for a purpose related to the provision of housing to eligible residents in the community.

### **Definition of Financial Assistance**

1. Grant (equivalent to applicable Town development charges)
2. Use of Municipal Property/facilities at reduced or no cost (e.g. Town halls for fundraising activities).
3. Waiver of Fees (limited to planning, consent, development/site plan agreement and building permit applications).

### **Guidelines**

1. A maximum of one request for financial assistance for a project to be developed on one parcel of land will be approved per fiscal year provided such request can be accommodated within the Town's approved budget.
2. Financial assistance will only be provided for projects within the boundaries of the Town of New Tecumseth.
3. The financial assistance provided by the Town shall not be considered as the primary source of funding for the organization. Grants are intended to be supplementary to main sources of funding for organizations. The group must show exploration of other financial support and options (ie. fundraising) and adequate volunteer support.
4. Financial assistance will be limited to the waiver of such portion of planning, consent, development/site plan and building permit application fees and Town development charges that Council considers appropriate. No other development related costs including but not limited to County and Education Development Charges would be eligible to receive funding assistance from the Town. Council shall determine the amount of financial assistance to be approved for a project based on the application submitted pursuant to this Policy, provided that the maximum assistance to be provided to a project shall be \$50,000.00.
5. The granting of financial assistance in any year is not to be regarded as a commitment by the Municipality to continue such assistance in future years.

6. The granting of financial assistance shall not be construed as indicating Council support for required planning approvals. All planning approval applications shall be processed in accordance with the requirements of the Planning Act and Council decisions will be based on the planning merits of the application.

**Eligibility. \***

1. Applicants must demonstrate the need for the specific project/program. Each proposal must identify a specific defined benefit and outcome.
2. Applicants must be non-profit community groups and organizations - individuals are not eligible.
3. Applicants must demonstrate how their proposal complies with the purpose of this Policy being the provision of housing to eligible residents of the municipality.
4. Applicants, upon request by the Municipality, must provide an organizational budget and a project specific budget.

\*Note: Council's decisions regarding eligibility are final.

**1. PROPOSAL**

A. Project Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Concession \_\_\_\_\_ Plan \_\_\_\_\_

Area: \_\_\_\_\_

B. Construction Type (check all that apply)

- New Construction
- Addition to existing residential unit(s)
- Conversion from non-residential to residential use
- Major renovation of existing residential units
- Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

C. Type of Building

- Single Detached
- Semi-Detached
- Row House
- Low Rise Apartment
- High Rise Apartment
- Rooming House
- Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

D. Funding Request

Waiving of:

- Planning Application Fee \$ \_\_\_\_\_
- Consent/Minor Variance Fee \$ \_\_\_\_\_
- Site Plan/Engineering Fees \$ \_\_\_\_\_
- Development Charges (Town portion only) \$ \_\_\_\_\_
- Facility Permit Fees \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

E. Estimated Revenue From Rents/Rates:

Which of the following are included in the rents/rates paid by the resident:

Electricity

Heat

Water and Sewer

TV Cable

Other \_\_\_\_\_

F. Preliminary Concept of Project:

Briefly describe the proposed project. Attach maps, sketches and/or plans of the proposed project (e.g., site plans, layouts, type[s] of building). Describe type of construction (e.g., on-site, modular) and specify any features such as underground parking, or the use of energy efficient technology.

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

G. Current Owner of Site:

\_\_\_\_\_

H. Describe any mortgages, caveats, easements, etc. that are anticipated to be registered on title:

\_\_\_\_\_

I. Does the site have the proper land use designation (zoning)?  Yes  No

If yes, include documentation.

If no, is site currently in the process of being designated (zoned)?  Yes  No

If no, provide details and supporting documentation: \_\_\_\_\_

\_\_\_\_\_

When are land use issues scheduled to be resolved (month and year)? \_\_\_\_\_

J. Are there any environmental issues related to the property?  Yes  No

If yes, describe: \_\_\_\_\_

K. Does the proposal involve acquiring property?  Yes  No

If no, provide a copy of the title.

If yes, is the property a  building,  land, or  both?

Is the property  leased or  purchased? From whom? \_\_\_\_\_

(Provide a copy of the lease or purchase agreement.)

If leased, indicate length of lease:  years.

**2. CLIENT GROUP**

Estimate the number of households (including individuals) to be served within each of the client groups.

<b>Client Group</b>	<b>Number of Households</b>
Low to moderate-income working families	
Low to moderate-income working individuals	
Individuals with special needs (Specify) _____	
Seniors and Community Supports	
Other (Specify) _____	

**3. PROJECT FINANCES**

- A. Preliminary Capital Cost Estimate:  
Please provide a copy of all contractors' quotes.

<b>ITEM</b>	<b>COST</b>
<b>Land</b>	
Acquisition	
Appraisal/Legal Fees	
Demolition	
Environmental	
Local Improvements during construction	
Property Tax during construction	
Survey/Title/Recording Fees	
Other (Specify) _____	
Other (Specify) _____	
<b>Total Estimated Land Costs</b>	
<b>Building(s)</b>	
Construction Contract/Services	
Renovation	
Appliances/Equipment/Furniture	
Other (Specify) _____	
Other (Specify) _____	
<b>Total Estimated Building Costs</b>	
<b>Site Improvements</b>	
On Site Servicing	
Landscaping	
Other (Specify) _____	
Other (Specify) _____	
<b>Total Estimated Site Improvements Costs</b>	
<b>Administration</b>	
Architects Fees	
Audit/Legal Fees	

Consultant/Inspection Fees	
Contingency	
Interest Incurred During Construction	
Marketing and Rent Up	
Market Rental Appraisal	
Municipal Fees	
Signage/Grand Opening	
Other (Specify) _____	
Other (Specify) _____	
<b>Total Estimated Administration Costs</b>	
<b>Subtotal</b>	
Total GST	
Less GST Rebate, if applicable (Specify Percentage ____%)	
Net GST Paid	
<b>Total Estimated Capital Cost</b>	

B. Permanent Financing:

List all financing commitments, including grants, and provide copies of same. If the Organization plans to finance part or the entire project out of its own resources, the Organization must prove that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. Indicate if a mortgage broker is involved in arranging financing from another source. Complete Attachment D in respect to the pertinent details.

Name(s) of Permanent Lender(s) or Other Funding Source(s)	Amount of Funds	Interest Rate	Term / Amortization	Annual Debt Service	Commitment Date
	\$	%		\$	
Other Ontario Govt. Department/Agency					
Other Federal Govt. Department/Agency					
Other (Specify)					
Other (Specify)					
Donations					
- Cash (Fundraising)					
- Land/Building					
- Furniture/Equipment					
- Gifts-in-Kind					
<b>Subtotal</b>					
<b>Affordable Housing Program Grant Request</b>					
<b>Total Permanent Financing Sources<sup>#</sup></b>					

Indicate with an asterisk (\*) enforceable financing commitments.  
 # Should equal Total Estimated Capital Cost of project.

Note: If approved, the disbursing of Grant Funds is conditional on all other funding sources being confirmed and in place.





**6. CERTIFICATION**

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete, and accurately describes the proposed project (must be signed).

IN WITNESS WHEREOF, the \_\_\_\_\_ (Legal Name of Organization) has caused this document to be duly executed in its name on this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

Per: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Attachment A**

**PARTNERSHIPS**

Please provide detailed information for each of the partners (other than the Organization) involved in this proposal.

**1. Partner's Name:** \_\_\_\_\_  
Address \_\_\_\_\_  
Municipality \_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

\_\_\_\_\_

**2. Partner's Name:** \_\_\_\_\_  
Address \_\_\_\_\_  
Municipality \_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

\_\_\_\_\_

**3. Partner's Name:** \_\_\_\_\_  
Address \_\_\_\_\_  
Municipality \_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

\_\_\_\_\_

**Attachment B**  
**ORGANIZATION DESCRIPTION**

Please provide the following applicable information:

- Articles of Incorporation.
- Date of Incorporation (Certificate of Incorporation).
- Canada Customs and Revenue Agency documentation of organization’s charitable status. (if applicable)
- Current Reports (if applicable).

The following, (if not included in the Annual Reports):

- Mission statement/purpose
- History of the organization
- Current Financial statements

A. Describe the organization’s participation in the development, management and operation of the project.

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B. List the names, addresses, and phone numbers of board members/directors for the organization.

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C. Please provide a brief profile of the board members/directors including relevant experience and skills (including volunteer experience).

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**Attachment C**

**LENDER OR FUNDING SOURCE DETAILS**

**Complete the following for each permanent lender or source of funds.**

**Funding Source:** Financial Institution, Municipality, Provincial Government, Federal Government, Non-profit Organization, Charitable Organization, Other (Specify)

**Type:** Mortgage Loan, Grant, Deferred Loan, Forgivable Loan, Owner Equity, Below Market Interest Rate Loan, Donation, Other (Specify)

**1. Name of Lender/Funding Source** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_ \_\_\_\_

Funding Type \_\_\_\_\_

Application Date \_\_\_\_\_ \_\_\_\_ Approved \_\_\_\_ Pending Approval

Contact

Person(s) \_\_\_\_\_

Telephone \_\_\_\_\_

**2. Name of Lender/Funding Source** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_ \_\_\_\_

Funding Type \_\_\_\_\_

Application Date \_\_\_\_\_ \_\_\_\_ Approved \_\_\_\_ Pending Approval

Contact

Person(s) \_\_\_\_\_

Telephone \_\_\_\_\_

**3. Name of Lender/Funding Source** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_ \_\_\_\_

Funding Type \_\_\_\_\_

Application Date \_\_\_\_\_ \_\_\_\_ Approved \_\_\_\_ Pending Approval

Contact

Person(s) \_\_\_\_\_

Telephone \_\_\_\_\_