

# Exterior Safety Lighting Program 2016

## **APPLICATION FORM**

### **HOW MUCH ARE THE GRANTS?**

Grants are up to a maximum of \$1000.00 per installation of one North End BIZ approved exterior, high lumen LED, photo cell, vandal deterrent fixture, which we will provide. Information on the fixture is in the lighting brochure on our website.

# WHY A SAFETY LIGHTING PROGRAM?

The North End BIZ completed a safety light audit of the Zone in the summer of 2014. This audit was based on CPTED principles, Crime Prevention Through Environmental Design, and took into consideration the areas within the Zone that would most benefit from increased lighting; had the highest traffic in the evening and the night time; and were significantly under lit.

#### Criteria:

- 1. The North End BIZ will determine what location would provide the greatest light improvement. Precedence is given to Main Street frontage, however alternative locations will be considered. Please contact Astrid to discuss this further.
- 2. The North End BIZ will obtain a quotation for the installation of the light (including permit, which will be the responsibility of the Electrician). The grant will contribute up to \$1000.00; the remainder is to be paid by the BIZ member on the application. A complete quotation will be provided to the BIZ member prior to installation.
- 3. Should the cost be under \$1000.00, the BIZ will NOT transfer the remainder to the BIZ member.
- 4. Should the cost exceed \$1000.00 the BIZ member will be responsible for payment of the difference upon installation.
- 5. All Hydro costs are the responsibility of the BIZ member.
- 6. You are a North End BIZ Member.

## WHEN CAN I APPLY?

APPLICANT INFORMATION

Immediately.

Name of Business:	
Address:	Postal Code:
Contact Person:	Position/Title:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address:

\_\_\_\_\_ 2 pages total \_\_\_\_\_

additional informa	ation below:		
The Property Owner is	aware of, and approves of	this application: Yes No	
Name of Property Owner	er:		
Address:		Postal Code:	
Phone:	Fax:	Cell:	
Email Address:			
our members and the and not to be removed	Zone as a whole. Enhand or relocated off the pro		
Applicant's Signature:			
Date:			
Property Owner's Signat (If different than applicant	:ure: )		
Date:			
	npleted application to: istrator/Grant Coordinato in Street, Wpg. MB, R2W		
Phone: (204) E90 72E0			

• If the property is not owned by the business submitting this application, please provide the following

Phone: (204) 589-7359

Fax: (204) 589-7350 (When faxing please call to verify receipt of fax)

Email: cosmofl@mts.net