



Businesses Accessibility Incentive Grant Program

NAME: _____
 ADDRESS: _____
 TOWN: _____ POSTAL CODE: _____
 PHONE: _____

For more information, please review program criteria page. The subsidy is in the amount of 50% of the total project cost to a maximum of \$1,250. A cheque will be mailed to the address above, unless otherwise noted.

"Item Description"	Estimated Cost*	Grant Eligibility (50% to max \$1,250)
Ramp Cost		
Automatic Door Cost		
Total		

*Please attach a formal cost estimate

- Cost Estimate attached
- Building Permit Application Attached (including all required materials)
- Encroachment Request Attached, if applicable (including all required materials)

By signing below I, the Applicant fully understands that at any time, for any reason whatsoever, howsoever caused, the Town of Arnprior is not responsible for any liabilities or any loss sustained by the Applicant whether directly or indirectly caused, resulting from the installation of any "Item Description" or any materials associated therewith howsoever secured, as a participant in the Businesses Accessibility Incentive Grant Program.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Town of Arnprior HEREINAFTER KNOWN AS THE RELEASEE, and its employees, agents, officers and members of council from all claims, demands, costs, expenses, in respect of death, injury, loss or damage to the Applicant or the Applicant's property resulting from the Applicant's participation in the Businesses Accessibility Incentive Grant Program.

I further agree to indemnify THE RELEASEES for injury, death, property damage or any other loss sustained by THE RELEASEES as a result of the Applicant's participation in the Businesses Accessibility Incentive Grant Program due to any cause whatsoever.

BY SIGNING this form, I hereby acknowledge having read, understood, agreed to the above release, waiver and indemnification and if applicable I have the authority to sign the release, waiver and indemnification on behalf of my organization.

X

Applicant

Date:

X

Witness

Date:

For Completion by the Town of Arnprior

X

Reviewed by the Town Planner/MEDO:

Date:

X

Reviewed by the Building Inspector

Date:

X

Approval from CAO

Date:

Cheque Number: _____

Date of issue: _____