Summerside GROW

New Neighbour Capital Credit- Application

Please review the application guidelines before proceeding.
All applications are to be submitted to GROW@summerside.ca.

Primary Contact

First & Last Name

Email Address

Mailing Address

Phone Number

Position or title within Business

Business Information

Operating Name

Business Registration Number

Business Address

PID #

Please note the business address must be located in Downtown Summerside.

Website

Social Media

Which of the options best represent your business or property ownership status?

- ☐ Property Owner
- ☐ Business Owner; Tenant
  - *Who is the Property/Landowner?*
- ☐ Business & Property Owner
- ☐ Purchaser under Agreement
- ☐ Other:

If you are renting, please attach your signed lease or confirmation of rental lease from the property owner.

- ☐ Yes

Project Information

Project Location: Address
Leave blank if same as above

Project Location: PID #
Leave blank if same as above

Date of anticipated business opening

Size of business space (sq ft)

How many employees do you anticipate hiring?
Please indicate if you plan to hire in phases.

Which of the options best represent your business type?

- ☐ Retail / Goods and Services
- ☐ Restaurant / Food Services
- ☐ Personal Services *(appointment or walk-in based)*
- ☐ Professional Services *(appointment based)*
- ☐ Health / Medical
- ☐ Technology
- ☐ Industrial / Trades
- ☐ Creative Industries

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Description of Business:

Provide a short (50-75 words max) summary or biography of your business and how it fits in Downtown Summerside. This summary may be included as part of a funding announcement or press release.

Project Description:

In 200 words or less, please describe:

- what upfront costs you are facing as a new business in Downtown Summerside; and,
- how you will use this funding to improve your business, including what expenses you plan to use this funding for. *Please review eligible expenses outlined in the guidelines.*

Breakdown of Expenses

If there are not enough lines to cover your expenses, please submit an additional page including this information.

Description of Expense/Project item	Cost	Do you have a quote or invoice for this item?

Project Impact

Describe the impact on your business if you do not receive this support.

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Application Checklist:

- ☐ **Written Application**
- ☐ **Signed lease and approval from property owner** *as applicable*

Terms and Conditions

By submitting this application, I confirm that:

1. I am submitting with full knowledge and approval of the property owner and business owner.
2. I have the authority to submit this request and agree to the conditions described below
3. All information submitted is true and accurate to the best of my knowledge
4. My business has or will obtain all necessary insurance and safety as recommended.

Should the City of Summerside agree to provide support for the project proposed in this application, I agree:

1. To indemnify, defend, and hold harmless the City of Summerside, its employees, councillors, and volunteers from liability of any kind, including any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged through the Applicant's opportunity
2. To use any funds granted by the City of Summerside to support the project described in this application, and to proactively communicate any major changes to the scope or activities.
3. To notify the City of Summerside if I am unable to complete the opportunity within the time frame submitted.
4. To submit a final report outlining impact of funding to the City of Summerside via the Department of Economic Development.

◯ **I agree with the above Terms and Conditions**

Date: _____

Printed name: _____ Signature: