

Summerside GROW

Places and Spaces: Public Realm Improvements

Please [click here to review the application guidelines](#) before proceeding.

All applications are to be submitted to GROW@summerside.ca.

Primary Contact		Business Information	
First & Last Name		Operating Name	
Email Address		Business Registration Number	
Mailing Address		Business Address	
Phone Number		PID #	
Position or title within Business		<i>Please note the business address must be located in Downtown Summerside.</i>	
		Website	
		Social Media	
Which of the following best represents your business or property ownership status? Property Owner Business Owner; Tenant Business & Property Owner Purchaser under Agreement Other: _____ Who is the Property/Landowner? _____ _____ _____ If you do not own the land, please attach written permission to carry out the project on behalf of the owner. Yes			
Project Information			
Project Location: Address		Project Location: PID #	
Anticipated Start Date		Anticipated Completion Date	
Project Summary: Provide a short (50-75 words max) summary of your project. This summary may be included as part of a funding announcement or press release.			

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Project Description:

In 300 words or less, describe the project's activities and goals.

Project Impact:

Describe the impact on your project and/or business if you do not receive this support.

Anticipated Project Suppliers:

Please list any individuals, companies, or suppliers you're planning to work with for your project and indicate if their participation is confirmed.

Does your project have any additional materials, drawings, building plans, or other items to be reviewed alongside the application?

Yes

No

If yes, please submit the additional materials as part of this application.

Application Checklist:

Written Application

Budget Document- [click here!](#)

Written permission from landowner *as relevant*

Additional Materials

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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.

I agree with the above Terms and Conditions

Date: _____

Printed name: _____

Signature: _____