



# Municipal Capital Growth Program (MCGP)

Fields marked with an \* are mandatory.

## APPLICANT INFORMATION

Applicant Name (Municipality or Organization) \*

Street Number

Street Address \*

Apartment/Suite

PO Box

Municipality \*

Province \*

Postal Code \*

## CONTACT INFORMATION

First Name, Initials \*

Last Name \*

Title \*

Telephone (Primary) \*

Ext.

Telephone (Alt)

Ext.

Fax

Email \*

## JOINT APPLICATION

Is this a Regional project (collaborative effort, shared services, etc)? \*      Yes      No

If Yes, please describe:

If No, please explain why a shared initiative is not appropriate: \*

## PROJECT INFORMATION

Project Name \*

Project Location \*

Project Category \*

Proposed Start Date (MM/DD/YYYY) \*

Proposed End Date (MM/DD/YYYY) \*

Is this a multi-phase project? Please indicate phase of the project (ie. Phase 2 of 5) \*

Yes

No

Phase      of

Nature of Project (select all that apply):*	Renewal	Expansion	Construction
<b>PROJECT DESCRIPTION</b>			

Describe the scope of work and what the project aims to achieve. Include all major quantifiable components and other relevant information: \* (If the space provided is not sufficient, please attach additional information as required)

Has the following been completed for this project? *	Pre-design	Design
If Yes, when completed? (MM/YYYY) *	Pre-design	Design
Project will secure all permits required? *	Yes	No

Required Permit	Status (obtained, in progress, not applied)

Does this project address immediate health and safety needs? (Please explain below) \*

Is this project required to meet Federal or Provincial standards and/or regulations? (Please explain below) \*

Has this project been identified as part of a Municipal Planning Strategy, Asset Management Plan or other infrastructure study including climate hazard/risk assessments? (Please explain below and attach supporting documentation to application if applicable) \*

<b>OUTCOMES</b>	
<b>Water</b>	
<b>Outcome Indicator</b>	<b>Input Value</b>
Length of deteriorated water pipe replaced (m)	
Length of water service extended or upgraded (m)	
Increased # of properties with access to municipal water system	
Existing # of households with improved municipal water service	
Increased capacity to supply, treat or store potable water (m <sup>3</sup> )	
Increased # of households that will have improved fire protection	
Increased # of households that will be equipped with residential water meters	

<b>Wastewater</b>	
<b>Outcome Indicator</b>	<b>Input Value</b>
Length of deteriorated wastewater pipe replaced (m)	
Length of wastewater service extended or upgraded (m)	
Length of combined sewer systems separated (m)	
Increased # of properties with access to municipal wastewater system	
Increased capacity to collect and/or treat wastewater (m <sup>3</sup> per year)	

<b>Climate Change Adaptation</b>	
<b>Outcome Indicator</b>	<b>Input Value</b>
Projects identified in climate hazard/risk assessment (Y/N)	
# of properties where flooding risk reduced	
# and type of emergency prep measures (generators, water storage, etc.)	

<b>Brownfield Redevelopment</b>	
<b>Outcome Indicator</b>	<b>Input Value</b>
Increased development potential on remediated site (# Dwelling Units)	
Surface area of remediated site (km <sup>2</sup> )	

<b>Accessibility</b>		
<b>Outcome Indicator</b>	<b>Asset Type</b>	<b>Input Value</b>
# and type of assets (municipal buildings, playgrounds, beaches, etc.) that have received new accessibility features & improvements		
Length and type of active transportation assets (sidewalks, trails, etc.) receiving accessibility improvements (kms)		

Describe how this project contributes to municipal growth and long-term sustainability?

A Council Resolution supporting the submission of this project under MCGF accompanies this application.  
 If No, please explain? \*

Is a detailed cost estimate included with the application?  
 If No, please explain? \*

Has the Municipality applied for or secured any other sources of funding? \*

PROJECT COSTS		PROJECT FUNDING	
Professional Fees		Municipal Capital Growth Fund (up to 50%) *	
Materials/Supplies		Municipal Sources *	
Contractor		Other Provincial (Please Specify)	
Contingency*			
Other (Please Specify)		Federal Sources (Please Specify)	
<b>TOTAL ELIGIBLE COSTS</b>			
HST*		Other (Please Specify)	
HST Rebate*			
<b>TOTAL NET ELIGIBLE COSTS</b>		<b>TOTAL PROJECT FUNDING</b>	

**DECLARATION**

By checking this box I certify that the information stated in this application is truthful and accurate and that the project described herein has been planned to improved municipal infrastructure and complies with all municipal by- laws, and all applicable provincial and federal requirements. \*

Digital Signature \*

Date (MM/DD/YYYY) \*

Title \*

**NOTE: Ensure all required additional documents (eg. Detailed Cost Estimate, Council Resolution) are attached at the time of application.**

Once application is complete email to [MCGP@novascotia.ca](mailto:MCGP@novascotia.ca) and include all supporting documentation.