

Special Assistance Grant Application

Name of Community: _____

Contact person for application: _____

Phone number _____ Email: _____

Please describe nature of the request:

Section A: Infrastructure Information

Does the municipality own the infrastructure? Yes No

Is the infrastructure within municipality's planning boundary? Yes No

Initial infrastructure damage date: _____

Location/area of damage (attach map or location plan): _____

What year or approximate year was the infrastructure built? _____

Have the repairs been completed? Yes No

What is the reason of infrastructure failure? _____

Does infrastructure damage present a risk to public safety? Yes No
If yes, explain this risk:

Will damaged infrastructure affect other municipal infrastructure? Yes No

If yes, explain the impact:

Please describe any preventative and/or demand maintenance activities completed on this system over the last three years:

Describe the type of infrastructure and the extent of damages:

Describe the repair(s) required to restore infrastructure to normal condition and if any repairs have been initiated:

Was the infrastructure insured?

Yes No

If yes, has a claim been filed:

Yes No

Do you have Canada Community-Building Funds (formerly Federal Gas Tax) available? If so, have you applied? Yes No

If no, why: _____

Is this a fire and emergency request? If so, have you applied to Fire and Emergency Services? Yes No

If no, why: _____

Community Service Fees:

Water Service rate/yr: _____

Fire Service rate/yr: _____

Section B: Financial Information

Total cost estimate: \$ _____ Funding requested: \$ _____

Please use the following table to determine the applicable cost shared ratio, using your population and nature of request.

Project Category	Population	Municipal Share	Provincial Share
Water, wastewater, disaster mitigation	Less than 3,000	10%	90%
	3,000 and 7,000	20%	80%
	Greater than 7,000	30%	70%
Fire fighting vehicles and equipment	Less than 3,000	20%	80%
	3,000 and 7,000	30%	70%
	Greater than 7,000	40%	60%
Recreational projects, buildings, fire halls	All population bands	40%	60%
Roads and other funding requests	All population bands	50%	50%

Please confirm your ability to afford your share of the applicable cost share

Yes No

Was this application approved by council during a public meeting Yes No
If no, why _____

Signature: _____ Title: _____

Date: _____

To process your application, a detailed cost estimate must be included. If additional clarification or supporting documents are needed, you will be contacted accordingly.

Submit completed application and supporting documentation to:

Municipal and Community Affairs
Municipal Finance Division
4th Floor, West Block
P.O. Box 8700
St. John's, NL A1B 4J6
Facsimile: (709) 729-3605
E-mail: SpecialAssistanceGrants@gov.nl.ca

For questions, please call 1-877-729-4393 or email SpecialAssistanceGrants@gov.nl.ca.