



## **Transcona Business Improvement Zone**

108 Bond Street  
Winnipeg, Manitoba R2C 2L2  
Telephone: 204-222-8566  
Fax: 204-222-8577

### **STOREFRONT IMPROVEMENT PROGRAM DETAILS**

The goal of the Transcona Business Improvement Zone (BIZ) Storefront Improvement Program (SIP) is to provide an incentive to existing businesses and property owners in the Transcona BIZ Zone to improve the external appearance of their storefront within a set of design guidelines. This will enhance the commercial viability of the Transcona BIZ Zone.

#### **About the Program**

The BIZ will provide up to \$5,000.00 to eligible BIZ members to help cover the cost to renovate the frontage exterior of their businesses in the form of a matching grant.

The BIZ shall support improvements that focus on, but are not limited to, the following:

1. Enhancements that are consistent with the character of the building and 'Hometown/Old English' Transcona theme.
2. Contribute to the economic development and promotion of the businesses and the Transcona community.
3. Improve customer comfort and safety.

Eligible frontage enhancements can include exterior painting, exterior wall finish, signage and graphics, awnings and canopies, exterior lighting, entryways, windows and doors, accessibility improvements, new cornices, gutters and downspouts, patios as part of exterior frontage, and landscaping and fencing as part of frontage exterior work.

#### **Program Guidelines and Criteria**

The SIP funding will be available to all BIZ members or business property owners within the Transcona BIZ zone in good standing with the City of Winnipeg taxation department.

Funding is limited to work being completed on the frontage exterior of the building or land only. Applications which include work other than frontage exterior will not be considered. All work must be done by a licensed, bonded contractor approved by the City of Winnipeg.

The BIZ is dedicated to continuing to improve the Downtown Transcona area, as indicated in the Downtown Transcona Planned Development Overlay1 (PDO-1). With that focus, the BIZ will allot 50% of funding to that specific area and 50% of funding to businesses outside of the PDO-1 boundaries each year.

The Transcona BIZ Board of Directors allots \$10,000.00 annually for the Storefront Improvement Program.

### **Applying for funding**

Deadline for applications will be May 31<sup>st</sup> annually.

The City of Winnipeg should be contacted regarding building codes and permit requirements prior to the submission of any application to the Transcona BIZ. Permits should be applied for following the approval of the SIP funding.

The Transcona BIZ reserves the right to request more information from the applicants and/or make suggestions for design changes rather than an outright denial of the application.

Once the application has been received, the Executive Director will review and make recommendations to the Transcona BIZ Board of Directors. All applications will be reviewed by the Board of Directors.

Applications will be evaluated on the impact the proposed changes will have on the overall appeal of the streetscape, in accordance with the design criteria. Designs having the greatest impact will receive higher priority.

The Transcona BIZ Board will have full and final authority on all applicants for funding. The BIZ Board's decisions are final and may not be appealed.

The applicant will be responsible for paying the contractor(s) in full and will be reimbursed by the Transcona BIZ, 50% of the cost up to \$5,000.00, once the project is completed and submission of all invoices or paid receipts pertaining to eligible improvements have been submitted. Please note sweat equity will not be eligible for reimbursement.

All approved projects must be completed by December 31<sup>st</sup> of the fiscal year. Special circumstances for extension may be considered but must be approved at the time of the application.



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**STOREFRONT IMPROVEMENT PROGRAM - APPLICATION FORM**

**SECTION 1 - APPLICANT**

|   |  |
|---|--|
| Applicant:                                  |  |
| Mailing Address:                            |  |
| Telephone:                                  |  |
| Email:                                      |  |
| Owner's Name (if different from Applicant): |  |

*(See section 8 for Owner's Authorization)*

**SECTION 2 – PROJECT INFORMATION**

|                   |  |
|-------------------|--|
| Business Name:    |  |
| Business Address: |  |

Describe the storefront improvements planned for your premises in full detail. Please attach sketches/drawings and specifications related to the proposed improvements.

**SECTION 3 – BUDGET**

Please provide the budget for this project requested. Please include any other funders for the project. Please note that costs related to zoning, permits, administration, legal and financing services are not eligible for reimbursement.

Work done prior to the approval of the SIP will not be eligible for reimbursements.

|  |    |
|--|----|
| Total Estimated Cost of Improvements:  | \$ |
| Amount Requested from SIP:<br><i>(50% of the line above up to a maximum of \$5,000.00)</i> | \$ |

Income:

|  |    |
|--|----|
| Funding from other sources:<br><i>Please list.</i> | \$ |
|--|----|

Expenses:

|  |    |
|--|----|
| Labour:  | \$ |
| Equipment and Supplies:                          | \$ |
| Other:<br><i>Please provide a detailed list.</i> |    |
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |
| Total:   | \$ |

**SECTION 4 – QUOTES**

Please attach and list 2 independent quotes obtained for the work proposed. Your budget should be based on the most competitive from both and provide the budget total for your project as well as the project cost breakdown.

|    |  |    |
|----|--|----|
| 1. |  | \$ |
| 2. |  | \$ |

## **SECTION 5 – DESIGN DRAWINGS**

Please attach and list renderings/sketches/drawings of your proposed work. Design Drawings can include:

- Storefront and Signage Elevations – Indicate dimensions, materials, colours, textures.
- Design Details – Include information sufficient for construction including hardware, fastening, construction details, etc.
- Exterior Lighting Details (where applicable) – Include details and performance characteristics of light fixtures and connections to building electrical services.

|  |  |
|--|--|
| Professional Designer:<br><i>(where required for permit)</i> | <input type="checkbox"/> Yes or <input type="checkbox"/> No - <i>please indicate company name:</i> |
|--|--|

## **SECTION 6 – CONTRACTOR SELECTION**

Please indicate which contractor you wish to select to perform the proposed work

|                              |  |
|------------------------------|--|
| Licensed/Insured Contractor: | <input type="checkbox"/> Yes or <input type="checkbox"/> No - <i>please indicate company name:</i> |
|------------------------------|--|

In the event the contractor being recommended for selection is not the lowest price of the two, please explain:

|  |
|--|
|  |
|--|

## **SECTION 7 – BUILDING PERMITS REQUIRED BY THE CITY OF WINNIPEG**

Each applicant is responsible for obtaining all necessary permits and approvals from all authorities having jurisdiction over the work to be carried out by the contractors prior to commencing work on the site. The City of Winnipeg requires fees for all permit application submissions. Building permits and information may be obtained from:

City of Winnipeg  
Planning, Property and Development Department  
Unit 31 - 30 Fort Street, Winnipeg, Manitoba  
Telephone: 1-204-986-5140 or e-mail: [ppd-permit@winnipeg.ca](mailto:ppd-permit@winnipeg.ca)

**SECTION 8 – CERTIFICATION**

It is hereby certified that the information provided in this application is accurate to the best of my knowledge.

|                   |  |
|-------------------|--|
| Applicant's Name: |  |
| Business Name:    |  |
| Signature:        |  |
| Date:             |  |

|                    |  |
|--------------------|--|
| Witness Name:      |  |
| Witness Signature: |  |
| Date:              |  |

**(If the above information is not the owner of the property applied for, please complete the following).**

I hereby authorize the above application to be made.

|                        |  |
|------------------------|--|
| Building Owner's Name: |  |
| Owner's Address:       |  |
| Owner's Phone Number:  |  |
| Signature:             |  |
| Date:                  |  |

|                    |  |
|--------------------|--|
| Witness Name:      |  |
| Witness Signature: |  |
| Date:              |  |

|   |  |
|---|--|
| PLEASE DELIVER ALL APPLICATIONS TO:                               | FOR QUESTIONS, PLEASE CONTACT:   |
| Transcona BIZ<br>108 Bond Street<br>Winnipeg, Manitoba<br>R2C 2L2 | 204-222-8566<br><a href="mailto:admin@transconabiz.ca">admin@transconabiz.ca</a> |

**FOR OFFICE USE ONLY**

|                               |  |
|-------------------------------|--|
| Date Application Received:    |  |
| Application Submitted by:     |  |
| Business Name:                |  |
| Executive Director Signature: |  |
| Committee Approval Date:      |  |
| Committee Signature:          |  |
| Board of Director Approval:   |  |
| Board of Director Signature:  |  |
| Notice to Applicant:          |  |

**CONFIRMATION OF CONTENT ABOVE**

|                        |  |
|------------------------|--|
| Applicant's Signature: |  |
| Date:                  |  |

**FINAL INSPECTION**

|            |  |
|------------|--|
| Signature: |  |
| Date:      |  |