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**Canada Community Building Fund  
Capital Investment Plan Application  
CCBF-DA-CIP  
CCBF-NA-CIP**

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Please Prepare a Separate Capital Investment Plan (CIP)  
Application for Each Project

<b>Project Title:</b>	
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**1. Contact Information**

<b>Rural Municipality/Town/City of:</b>	
<b>Street Address/P.O. Box:</b>	
<b>Postal Code:</b>	
<b>Municipal Tel:</b>	
<b>Municipal Email:</b>	
<b>Contact Name:</b>	
<b>Official Title:</b>	

**2. Eligible Project Categories**

<b>Project Category:</b>	Resilience
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**3. Project Information**

<b>Brief Project Description</b> (Short description of the issue and physical work required to resolve issue):			
<b>Project Location(s) (Street Address and/or PID):</b>			
<b>Municipality:</b>		<b>Postal Code:</b>	
<b>Signed &amp; Sealed Council Resolution Mailed?</b>			
<b>Date of Resolution:</b>			

**4. Estimated Eligible Costs** (do not include taxes, they will calculate automatically)

Cost Breakdown		Amount
1. Design/Engineering		
2. Construction/Demolition		
3. Contingency		
4a. Other (Please Specify):		
4b. Other (Please Specify):		
4c. Other (Please Specify):		
5. Subtotal		\$0.00
6. Total HST		\$0.00
7. Minus HST Rebate	\$0.00	\$0.00
8. Total Eligible Costs		\$0.00

**5. Proposed Project Financing**

Year	Estimated Eligible Project Costs*	MSC Funding Requested	DA/NA CCBF Funding	Applicant's Funding	Other
2024/25					
2025/26					
2026/27					
2027/28					
2028/29					
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## 6. Proposed Sources of Funding

Project Funding Sources	Confirmed?	Amount
CCBF Direct/Notional Allocation		
Applicant's Share		
Other Provincial Source (Specify the Program Below)		
Other Federal Source (Specify the Program Below)		
Other (Specify the Program Below)		
<b>Total</b>		<b>\$0.00</b>

Projects involving funding from other sources require confirmation that the funding has been approved, or is under consideration. Provide at the time of submission of CIP.

## 7. Project Timelines

Activity	Start Date	Completion Date
Tender or Request for Quotation Date		
Tender or Request Award Date		
Design/Engineering Date		
Other (Specify Below)		
Expected Project Start and Completion Dates		

## 8. Housing - Project Level Reporting Identification

Ultimate Recipients with a population of 30,000 or more and have identified housing pressures that can be addressed through closing infrastructure gaps or capacity building, must fill out the table below:

UR Name (Municipality)	Project Level Reporting Criteria	Key Infrastructure-Related Housing Pressures - Identify key housing gaps and needs related to Infrastructure.
	Municipal population >30,000 as per the 2021 Census data.	

**Recipients with a population of 30,000 or more must complete APPENDIX A of this Capital Investment Plan form. Recipients are also required to complete a Housing Needs Assessment by March 31, 2025.**



## 9. Program Requirements

### The following are requirements of the program:

Application includes signed & sealed Council Resolution supporting the application

Application includes approval from Council if any municipal funds are to be spent

Applicant accepts responsibility for the project's ongoing operations and maintenance costs

Applicant agrees to purchase and install signage when required through communications

Applicant agrees to participate in Province-wide Asset Management Program

Applicant confirms that an auditor has been hired or arrangements have been made to hire an auditor

Applicant confirms that the proper budgetary process has been followed for this project

Applicant confirms that the project has not been awarded or started

## 10. Capital Investment Plans returned to:

**After filling out the application in Excel, save it and email it to the following email address:**

[CPEI-Infrastructure@gov.pe.ca](mailto:CPEI-Infrastructure@gov.pe.ca)

**Please also send a signed and sealed copy in the mail to the following address (or hand deliver):**

Infrastructure Secretariat  
P.O. Box 2000, Charlottetown, PE C1A 7N8

The Council of the **City/Town/Rural Municipality of:** \_\_\_\_\_

does hereby submit this application to the Direct Allocation/Notional Allocation Capital Investment Plan Fund, which has been approved at a Council meeting dated \_\_\_\_\_

**In providing this submission, the Council declares that the above is, to the best of its knowledge and belief, true in substance and in fact.**

\_\_\_\_\_  
**MAYOR/CHAIR (Sealed signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CHIEF ADMINISTRATIVE OFFICER (Sealed Signature)**

\_\_\_\_\_  
**Date**



					# of affordable housing units enabled or preserved <input type="checkbox"/>
					# new housing units enabled <input type="checkbox"/>
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