

Township of Cramahe  
**Community Grant Application**



Organization: 103 Colton St Ratepayers Assn.	
Amount Requested 4500.00	
Contact: Eleanor Gill	
Position: owner of No 7	
Telephone: (Office)	Telephone: (Other)
Email:	
Address:	
City:	
Province:	Postal Code:
Contact Address: (If different than above)	
Have you received a grant from this program in the past? _____	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, when:	
Are you incorporated? _____	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, Registration#::	
Are you a registered charity? _____	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, Registration#::	

Project Outline:

Please provide an overview of the proposed project.

Maintenance of Road For residence  
Snow / salt / any needed repairs eg pot  
holes  
Essential For Fire Dept / Police / Ambulance

Objectives:

Please provide a brief description of the projects' objectives to be achieved and how this project meets the objectives outlined in this policy.

Maintenance of road for all  
residents for safety + liability

Economic Benefits:

Describe the benefits of the project to the local economy.

What is the projected number of Cramahe residents that this funding would benefit?

13 Homes

<u>Partnerships:</u> Is the project being done in conjunction with other group(s)? <hr/> If YES, please list the other groups.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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Outline the number of volunteers involved with the event / project:

<u>Alternate Funding:</u> Is the project being funded from another source? <hr/> If YES, please indicate the group and amount.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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What will be the outcomes / results of this funding?

maintenance for road + snow  
 plowing / salt / sand  
 Essential for Fire Dept / Police / Ambulance  
 Access

The following documentation **MUST** be attached to this application:

- ❖ Most Recent Financial Statements

Applicant Signature: *[Handwritten Signature]*

**Completed Applications are to be submitted by October 31st 2025**

to:

**Finance Department**  
**Township of Cramahe**  
**C/O Tanya Ogden**

P.O. Box 357 1 Toronto St. Colborne. ON K0K 1S0