

Private Road Grant - Maintenance Activities

This private road grant is intended to assist eligible private road associations with operating and maintenance costs for private roads/lanes.

Please read the [Private Road Grant Policy - Maintenance](#) and [preview the application](#) to ensure you have the information necessary to complete this form.

Due date for the application is October 31. Funds will be allocated the following spring.

Part I - Private Road Information

Road / Lane Name (s) *

Intersecting Township / County Road

Association Name *

Number of Members
in Road Assoc. *

Estimated length of
private road (km) *

Please list names of all lanes that are included in your membership. *

President's Name *

President's Mailing Address including Postal
Code *

President's Email
Address

Treasurer's Name

Treasurer's Mailing Address including Postal
Code *

Treasurer's Email
Address

Secretary's Name

Secretary's Mailing Address including Postal
Code *

Secretary's Email
Address

If approved, who will be receiving payment on behalf of the Association?

- President
- Treasurer
- Secretary

If approved, grant funds will be issued by Electronic Funds Transfer (EFT). Please indicate if bank account can receive EFT payments.

- Yes
- No

Part II - Applicant Information

Name of Applicant *

Preview Only

Phone Number *

Email Address

Part III - Checklist

Applications must include the following items.

Preview Only

Upload a detailed description of the proposed work with cost estimates. Proposed work must comply with the Grant Policy. *

3.5.1 Upload a copy of the Association's bank statement *

3.5.2 Upload all Meeting Minutes from the previous year *

3.5.3 Upload a balanced and approved budget for next year. Include estimated revenue from the Township. *

3.5.4 Please upload a summary of work completed in the previous year that was funded by the Township grant (include receipts) *

3.5.5 Please upload a statement of revenue and expenditures for current year *

Please upload another document, if applicable

Please upload Association Membership List. Must include full name and Township address of each member including elected officers. *

Part IV - Authorization

I certify that the information provided in this application is true, correct and complete to the best of my knowledge and that the Municipality may verify any and all information pertaining to this application.

I certify that I have read the private road grant policy and that the road association meets the conditions for eligibility.

I agree to notify the Township of the Leeds and the Thousand Islands of any changes that may affect eligibility for the Private Road Grant.

I acknowledge that the application for the Private Road Grant Program must be made on an annual basis.

Before submitting this application (the “application”), I agree as follows:

1. I am 19 years of age or older, and am legally authorized and have all the required approvals necessary to make this application.
2. This application will be received and reviewed by Township staff and submitting this application does not mean that it will be accepted.
3. I freely accept and fully assume all risks, dangers and hazards associated with the application; and that I acknowledge my responsibility to properly insure and protect myself against risks associated with the application;
4. I waive all claims arising from this Application that I have or may have in the future against the Township, its elected officials, officers, employees, volunteers and representatives associated with the Application (hereinafter collectively referred to as the "Releasees");
5. I waive all claims arising from this application that I have or may have in the future against the Township, its elected officials, officers, employees, games officials, volunteers and representatives associated with my participation in the activity (hereinafter collectively referred to as the "releasees");
6. I release the releasees from any and all liability for death or any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from this application or due to any cause whatsoever;
7. I indemnify the releasees from any and all liability for any businesses losses damage to property of or personal injury to, any third party, arising from my application including the rejection of this application;
8. I agree that this agreement is binding upon my heirs, next of kin executors, administrators, assigns and representatives in the event of my death or incapacity; that I have read this agreement and I understand its content; and that by signing it I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releasees.

By inserting my name below, the date, and clicking “continue” I declare that I have understood the risks associated with the application and that I am giving up my right to sue the Township for damages if I am injured or suffer financial losses as a result of this application.

Signature of Applicant *

Date *

Preview Only

Thank You

Your application has been received and a copy has been emailed to you.