



## Application for Municipal Grant 2023

**Submit Original To:**

Township of Cramahe  
1 Toronto Street, P.O. Box 357  
Colborne, ON  
K0K 1S0

**Submission Deadline:** November 10th, 2022

**Please Print/Type**

**Please Complete All Areas**

**1. Name of Group/Organization/Association:**

\_\_\_\_\_

Name	Telephone
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\_\_\_\_\_

Street Address / Post Office Box

\_\_\_\_\_

Town	Province	Postal Code
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**Contact Person for this Application**

Name/Position \_\_\_\_\_

Home (Daytime) Number \_\_\_\_\_

Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

**2. Is your Organization Incorporated as non-profit?**

**Yes No** If yes, when? Please provide date (dd/mm/yy)

\_\_\_\_\_

**a. Is your Organization based within the Township of Cramahe or the County of Northumberland?**

**Yes No**

**3. List the programs/services provided by your Organization.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_

**4. Does your Organization directly benefit the residents of Cramahe?**

**Yes No**

**5. Describe how the programs/services provided by your Organization will benefit as a result of Municipal funding?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Please describe exactly what the municipal funds will be used for.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Have you made a previous request for a Municipal Grant to the Township of Cramahe?**

**Yes No** If Yes, when? Please provide date (dd/mm/yy)

\_\_\_\_\_

**8. Total program or association membership in your organization**

\_\_\_\_\_

**9. Declaration of Organization's Executive:**

We certify that, to the best of our knowledge, the information provided herein is accurate and complete and is endorsed by the Organization, which we represent.

<b>Name</b>	<b>Title</b>	<b>Date</b>	<b>Signature</b>

**Please provide with this Application Form a Budget of Estimated Annual Expenditures for previous year and a statement of Uncommitted Funds on hand at the end of the current year.**

**Note: Any information collected may be made public.**

**This Application must be signed by two (2) Members of the Executive.**

\_\_\_\_\_

**Group/Organization Representative (President/Chairperson)**

\_\_\_\_\_

**Group/Organization Representative (Secretary/Treasurer)**