



Application for Municipal Grant 2025

Submit Original To:

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

Submission Deadline: November 15th, 2024

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.

Name	Title	Date	Signature

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)