



Application for Municipal Grant 2019

File # _____

Submit Original To:

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

Submission Deadline: November 25, 2018

Please Print/Type

Please Complete All Areas

1. Name of Organization/Association:

Name Telephone

Street Address / Post Office Box

Town Province Postal Code

2. Contact Person for this Application

_____ Home Number _____
Name/Position Work Number _____

3. Is your Organization Incorporated as non-profit?

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

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

Yes No

5. List the programs/services provided by your Organization.

Amount Requested \$ _____

6. Does your Organization directly benefit the residents of Cramahe? Yes No

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

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

9. 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) _____

10. Total program or association membership in your organization _____

11. 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

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

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

Note: Any information collected may be made public.