Township of Cramahe

Community Grant Application

Organization:	
Amount Requested	
Contact:	
Position:	
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? _____ If YES, when:	☐ YES ☐ NO
Are you incorporated? _____ If YES, Registration#::	☐ YES ☐ NO
Are you a registered charity? _____ If YES, Registration#::	☐ YES ☐ NO

Project Outline:
Please provide an overview of the proposed project.

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

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?

Partnerships: Is the project being done in conjunction with other group(s)? If YES, please list the other groups.	☐ YES	☐ NO
Outline the number of volunteers involved with the event / project:		
Alternate Funding: Is the project being funded from another source? If YES, please indicate the group and amount.	☐ YES	☐ NO
What will be the outcomes / results of this funding?		

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

- ❖ Most Recent Financial Statements

Applicant Signature: _____

Completed Applications are to be submitted by November 6th, 2026.

to:

Finance Department

Township of Cramahe

C/O Tanya Ogden

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