



**APPLICATION FOR MUNICIPAL GRANT
2012**

FILE # _____

**SUBMIT ORIGINAL TO:
Township of Cramahe
1 Toronto, Street, P.O. Box 357
Colborne, ONTARIO
K0K 1S0**

PLEASE PRINT/TYPE

**SUBMISSION DEADLINE:
FRIDAY, DECEMBER 2nd, 2011**

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:

NAME/POSITION HOME #: _____

WORK #: _____

3. Is your Organization Incorporated as non-profit? YES NO If yes, when? _____
(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

8. Have you made a previous request for a Municipal Grant to the Township of Cramahe?
YES _____ NO _____

9. Total program or association membership in your organization. _____

10. Declaration of Organizations' 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 2007) AND A STATEMENT OF UNCOMMITTEE FUNDS ON HAND AT THE END OF THE CURRENT YEAR.