

**Township of Cramahe
Community Grant Application**



Organization: The Bridge Hospice			
Amount Requested \$5,000.00			
Contact: Lori-Ann Le Blanc			
Position: Office Co-Ordinator			
Telephone: (Office) [REDACTED]	Telephone: (Other _____)		
Email: [REDACTED]			
Address: [REDACTED]			
City: [REDACTED]			
Province: [REDACTED]	Postal Cod [REDACTED]		
Contact Address: (If different than above)			
Have you received a grant from this program in the past? _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
If YES, when:			
Are you incorporated? _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
If YES, Registration#::			
Are you a registered charity? #829872969 RR001 _____	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
If YES, Registration#::			

Project Outline:

Please provide an overview of the proposed project.

Grief & Bereavement support group with a registered psychotherapist. Funding would allow us to hire a psychotherapist for one year.

Objectives:

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

Trained volunteers with The Bridge Hospice offer bereavement support through an ongoing weekly drop-in and additional special programs. All are free and open to anyone in need. Demand is on the rise, as are therapeutic needs of many participants, individually and in more complicated family situations. Having professional oversight by a psychotherapist would ensure provision of appropriate guidance, interventions, referrals to other supports as needed, and also be an invaluable resource for our volunteer leaders.

Economic Benefits:

Describe the benefits of the project to the local economy.

Grief can be isolating, and the health cost of loneliness compounded by grief is considerable. Our programs provide community members with a free, trusted and social place to go for support among peers. With a psychotherapist onsite, participants would be equipped with tools and techniques to help them navigate their grief and return to active independent living sooner than they would otherwise. The psychotherapist could also act as an early warning system should there be indications that an individual requires specialized care.

What is the projected number of Cramahe residents that this funding would benefit?

It is difficult to provide a number. Our weekly drop-in group averages 12 participants, nearly all of whom live in eastern Northumberland County. The makeup of the group changes each week. However, with the addition of a psychotherapist, associated greater promotion and recognized demand, we anticipate significant growth in participation.

<p><u>Partnerships:</u> Is the project being done in conjunction with other group(s)? _____</p> <p>If YES, please list the other groups.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>Outline the number of volunteers involved with the event / project: 4-6 Volunteers</p>		
<p><u>Alternate Funding:</u> Is the project being funded from another source? _____</p> <p>If YES, please indicate the group and amount.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>What will be the outcomes / results of this funding?</p> <p>A more robust, professionally directed grief support program will help more people better cope and adjust to their new circumstances, connect with others, find appropriate supports as needed, and also provide leadership and enrichment to our dedicated volunteers.</p>		

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

- ❖ Most Recent Financial Statements

Applicant Signature: *L. Le Blanc*

Completed Applications are to be submitted by October 31st 2025

to:

**Finance Department
Township of Cramahe
C/O Tanya Ogden**

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