

**Township of Cramahe
Community Grant Application**



Organization: <i>WAITE CEMETERY</i>	
Amount Requested <i>540.00</i>	
Contact: <i>DONNA BLAKLEY</i>	
Position: <i>Treasurer</i>	
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? _____	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, when: <i>NOV 2024</i>	
Are you incorporated? _____	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, Registration#::	
Are you a registered charity? _____	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, Registration#:: <i>81097-7827-RR0001</i>	

Project Outline:

Please provide an overview of the proposed project.

Burial of deceased
Upkeep of Cemetery
Organize & attend decoration day
Maintain Cemetery Records
Submit government returns

Objectives:

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

Donations received each year are used for the upkeep of the Cemetery and require funding to cover this Community Cemetery with Liability Insurance

Economic Benefits:

Describe the benefits of the project to the local economy.

Benefits is to keep the cemetery neat and tidy and a respectful place for loved ones to visit and the community to be proud of.

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

This is a community cemetery.
All of Edville, Dundonald & surrounding community.

<p>Partnerships: Is the project being done in conjunction with other group(s)? _____ If YES, please list the other groups.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input checked="" type="checkbox"/></p>
<p>Outline the number of volunteers involved with the event / project: <i>There is approx. 10 that are involved.</i></p>		
<p>Alternate Funding: Is the project being funded from another source? _____ If YES, please indicate the group and amount.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input checked="" type="checkbox"/></p>
<p>What will be the outcomes / results of this funding? <i>Will be used for General Liability Ins.</i></p>		

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

- ❖ Most Recent Financial Statements

Applicant Signature: *Donna J Blahley*

Completed Applications are to be submitted by October 31st 2025

to:

Finance Department

Township of Cramahé

2025-01-01