

**Township of Cramahe
Community Grant Application**



Organization: Colborne/Cramahe Foodbank	
Amount Requested \$5,000.	
Contact: Glenda Quinn	
Position: CoOrdinator	
Telephone: (Office) [REDACTED]	Telephone: (Other) [REDACTED]
Email: [REDACTED]	
Address: [REDACTED]	
City: Colborne	
Province: Ontario	Postal Code: K0K 1S0
Contact Address: (If different than above) [REDACTED] Colborne, Ont. K0K1S0	
Have you received a grant from this program in the past? _____	<input checked="" type="radio"/> YES <input type="radio"/> NO
If YES, when: Jan. 2024	
Are you incorporated? _____	<input type="radio"/> YES <input checked="" type="radio"/> NO
If YES, Registration#::	
Are you a registered charity? _____	<input type="radio"/> YES <input checked="" type="radio"/> NO
If YES, Registration#::	

Project Outline:

Please provide an overview of the proposed project.

Our aim is to pay food for people in need.

Objectives:

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

Our numbers have gone from 25 households before covid and now we are over 200.

Economic Benefits:

Describe the benefits of the project to the local economy.

My personal benefit is to put food in our children's stomachs because the adults will spend on themselves but the children have no money to buy what they want or need.

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

We are currently feeding over 200 households in Colborne and Cramahé Twp.

<p><u>Partnerships:</u> Is the project being done in conjunction with other group(s)?</p> <hr/> <p>If YES, please list the other groups.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Outline the number of volunteers involved with the event / project:</p> <p style="font-size: 1.2em;">32 Volunteers 4 High School Kids getting volunteer hours</p>		
<p><u>Alternate Funding:</u> Is the project being funded from another source?</p> <hr/> <p>If YES, please indicate the group and amount.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>What will be the outcomes / results of this funding?</p> <p style="font-size: 1.2em;">We will be able to provide food for needy families.</p>		

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

- ❖ Most Recent Financial Statements

Applicant Signature: _____

Complete applications are due **Monday, November 31st 2025**

to:

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

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