

CCM Foundation Corporation
238 Memorial Drive, Clarenville, NL A5A 1N9

Request for 50-50 Donation

1. Name of Organization and/or Group: _____
2. Is your Organization a Not for Profit or Charitable Group: _____
3. State the area you service: _____
4. The number of members in your organization: _____
5. Please describe if funding is to be use for a specific event/activity, please give the date or dates:

6. Outline the specific plans for the use of funds requested. Attach a budget showing all costs and sources of revenue. Please indicate if revenues are anticipated or have been confirmed.

7. Advise of any other fund-raising sources and anticipated revenue.

8. Amount Requested: _____

Contact Name or representative: _____

Contact Information email: _____ Phone #: _____

Signature of representative _____ Date _____

PLEASE EMAIL APPLICATION AND SUPPORTING MATERIAL TO: ccmapapplications2024@gmail.com

If you require more space, please attach details on separate sheet/s.

If your group/organization has received funding in the past, a new application will not be accepted for 10 months from date of such funding.

For Office use only

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