

Operating Grant Application Form

Township of Zorra
163 Brock Street, PO Box 189 Thamesford ON, N0M 2M0
Ph. 519-485-2490 • 1-888-699-3868 • Fax 519-485-2520
Website www.zorra.ca

Send completed applications to the Township of Zorra Director of Finance at dlarder@zorra.ca or call 519-485-2490 ext. 7225 for assistance.

Application date:
Please indicate the grant amount you are requesting:
Organization name:
Please describe, in detail, how the funds will be used and the purpose of the financial request: (Example: instead of requesting \$500 for equipment, specific \$300 for uniforms and \$200 for baseballs, etc.).
Contact Information:
Contact person (first name, last name):
Street name and number:
Unit number (if applicable):

City:
Province:
Postal code:
Phone number:
Daytime contact number:
Email address:
Required Documents:
The following is a list of documents that are <u>required</u> to be included with your application. Failure to include any of the documents may result in your application being delayed and/or not being considered.
Has a list of the organization's executive board members been included? Yes No
Has the proposed budget for the specific project been included? Yes No
Has the most recent financial statement for the organization been included? Balance Sheet and Revenue/Expenditure statements. Yes No
Financial Information:
Has the organization made a request for or received funds from the Township of Zorra prior to this application? Yes No
If yes, please list the Township funding that you have applied for or received funds from, and the monies you have received. Please also provide a history of what the prior funding was used for:

Has the organization made a request for or rece organization etc. other than from the Township	·	
If yes, please list the other funding that you have applied for or received funds from and the monies you have received:		
Accessible Formats:		
If you require this document to be in an acc Corporate Services at clerk@zorra.ca or 519-48		
Note: I understand by signing this application that the Township of Zorra makes no commitment to the payment of any grant prior to final Township Council approval. I also agree to submit a report within the grant calendar year outlining the success of the organization and the allocation of grant money.		
Name/title	Signature	

The personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001 and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purposes for which it was collected. Questions about this collection of information should be directed to the Township of Zorra's office, 163 Brock Street, PO Box 189 Thamesford ON, N0M 2M0. Phone 519-485-2490.