



Community Grant Application Form

TOWNSHIP OF ZORRA

274620 27th Line, PO Box 306 Ingersoll, ON, N5C 3K5 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 how the funds will be used and the purpose of the financial request:

CONTACT INFORMATION

Contact person (first name, last name): _____

Street name and number: _____

Unit number (if applicable): _____

City: _____



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Province: _____

Postal code: _____

Phone number: _____

Daytime contact number: _____

Email address: _____

REQUIRED DOCUMENTS

*The following is a list of documents that are **required** 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 executive 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



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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:

Has the organization made a request for or received funds from another foundation, organization etc. other than from the Township of Zorra? Yes No

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 accessible format, please contact the Director of Corporate Services at clerk@zorra.ca or 519-485-2490 ext. 7228.



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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