



# Community Grant Application Form

TOWNSHIP OF ZORRA

274620 27<sup>th</sup> Line, PO Box 306 Ingersoll, ON, N5C 3K5 Ph. 519-485-2490 •  
1-888-699-3868 • Fax 519-485-2520 Website [www.zorra.ca](http://www.zorra.ca) •

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If you require this document to be in an accessible format, please contact Karen Martin, the Director of Corporate Services at [kmartin@zorra.ca](mailto:kmartin@zorra.ca) or 519-485-2490 ext. 7228.

**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:

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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:

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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