Community Grant Application – Lakeside

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

Application date: _____

Please indicate the grant amount you are requesting (max. $2,000): _____

Organization name (if applicable): _____

Date of project/purchase: _____

Please describe, in detail, how the funds will be used, the purpose of the financial request, and how the funds will specifically benefit the Lakeside community:
(Example: instead of requesting $500 for equipment, specify $300 for uniforms and $200 for baseballs, etc.).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Contact Information:

Contact person (first name, last name): _____

Address: _____

_____

Phone number: _____

Daytime contact number: _____

Email address: _____

Eligibility:

The following pre-requisites are **mandatory** to be considered eligible for the general operating grant:

- ☐ The applicant is a non-profit organization, community group, or individual
- ☐ The applicant is based in Lakeside or provides services to the Lakeside community
- ☐ The applicant has explored other avenues of financial support
- ☐ If applicable, the organization does not have a surplus and/or cash and investment balance of $10,000 or greater
- ☐ If applicable, the organization does not receive subsidies through other Township of Zorra policies

Applicants associated with an organization/community group must also submit the following additional documents for their application to be considered:

- ☐ I have attached the organization's executive board of directions (including name, position, and contact information)
- ☐ I have attached the organization's most recent financial statements (including a balance sheet and revenue and expenditure statement)
- ☐ I have attached the organization's approved budget for the year of the grant request

If the applicant has previously received a grant from the Township, the post-grant reporting must have previously been submitted, or must be attached to this application, including:

- ☐ How the funds were spent
- ☐ How the Township was recognized for their contribution

Accessible Formats:

If you require this document to be in an accessible format, please contact the Director of Corporate and Protective Services at clerk@zorra.ca or 519-485-2490 ext. 7228.

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.

_____ _____

Name/title Signature

Send completed applications to the Township of Zorra Manager of Financial Services at kgrogan@zorra.ca or call 519-485-2490 ext. 7270 for assistance.

Application Due by 11:59 p.m. on September 15

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.