



Community Grant Application

TOWNSHIP OF EAST ZORRA – TAVISTOCK

90 Loveys Street Box 100, Hickson ON N0J 1L0

Phone: (519) 462-2697 Fax: (519) 462-2961 Email: ezt@ezt.ca Web: www.ezt.ca

Organization Name:		
Primary Contact Name:		
Phone Number:	Secondary Phone:	
Email:	Secondary Email:	
Mailing Address:		

PO Box	Address	

City	Province	Postal Code

Provide basic information about the organization and what it does.

Amount of grant requested: \$ _____

Explain how the grant funds will be used, and why the funds are needed:

Was a Township Grant provided to your organization in the previous fiscal year? Yes No

If yes, please provide details on how it was used and how it made a difference:

Please attach updated copy of your Community Group Financial Statement.

**Please Note – grant requests, once submitted to the Township, are public information and will be dealt with in open, public Council meeting.*

