



Community Grant Application

Township of South-West Oxford

312915 Dereham Line, Mount Elgin, ON N0J 1N0

Phone: 519-485-0477 Fax: 519-485-2932 Email: dlarder@swox.org Website: www.swox.org

Organization Name:		
Primary Contact Name:		
Phone Number:	Secondary Phone:	
Email:	Secondary Email:	
Mailing Address:		
PO Box	Address	
City	Prov	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 **Yes** **No**
If yes, please provide details on how it was used and how it made a difference:

Please attach an 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 an open, public Council meeting.*