



CHESANING CHAMBER OF COMMERCE FOUNDATION

218 N. Front Street – Suite B, Chesaning, Michigan 48616
chesaningchamberfoundation@gmail.com ~ 989-845-3055

GRANT APPLICATION

(Additional pages may be attached as needed)

Date of Application:

Are you applying for the grant as an individual or business? (Circle one)

Legal Name, and/or Business Name:

Contact Person and Title:

Phone:

Address:

E-Mail address:

Website:

Preferred method of communication: ___ E-mail ___ Phone

What type of funding are you looking for:

___ Emergency business relief (to use for utilities, loans, payroll, etc)

___ Façade improvements

___ Special Project Funding

___ Scholarship (For Continuing Education and Employee Leadership Training. Please note that our High School scholarship applications are available through the counseling office at Chesaning Union High School.)

Purpose of the Grant:(2–3 sentences maximum):

Amount Requested:

Total Project Cost:

Can this project survive with partial funding?

Yes No

Date of project (if applicable):

Projected time period:

Projected number of people affected?

1. Describe your program, project or financial need:

2. Why should your application be accepted?

3. What other funding do you already have?

4. How will this grant affect you long term?

You may be asked to attend a follow up meeting with the Chesaning Chamber of Commerce Foundation after you have applied to discuss or answer questions from the CCCF Board of Directors regarding your application.

By completing the CCFC grant application form, you certify that all of the information contained in it is true and accurate to the best of your knowledge.

Signature of contact person _____ date _____