

**Holland Area Chamber of Commerce Foundation
Grant Application**

Name of Program _____

Committee _____

Date Submitted _____

Amount Requested _____

Primary Contact _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

Chamber Staff Liaison _____

Date funds are needed _____

If this grant request is not approved in full, are there other funding sources available? If yes, please describe _____

To complete your application, please submit the following items with this request:

- ▶ A one-page summary of the project for which funds are requested. Please include specific objectives of the project and address how this project reflects the mission of the Chamber Foundation.
- ▶ Project Budget
- ▶ Project Timeline

Please submit your request to:

Holland Area Chamber of Commerce
272 E 8th St
Holland, MI 49423

Applications will be accepted December 1 and June 1 each year.