

Frankfort-Elberta Area Chamber of Commerce Foundation, Inc.

517 Main Street * P.O. Box 566 * Frankfort, MI 49635
231-352-7251

APPLICATION FOR GRANT OF FUNDS

Date of application: _____ Tax ID No. _____

Name, address and telephone number of applicant:

Name, title and signature of individual authorized by applicant to apply for this grant:

Name _____ Title _____

Signature _____

Principal purpose of organization and services provided by applicant:

Amount of funds requested: \$ _____

Description of program or activity for which funds are being requested. Include specific objectives of the program activity, the period of time needed for completion and the expected benefits to the community from this program or activity. Attach printed materials or other information that is available.

Budget for program or activity for which funds are being requested:

Attach a copy of the "exemption determination" letter from Internal Revenue Service supporting exemption of the organization under the Internal Revenue Code.