

Cross County Chamber of Commerce Grant Application

Please complete the following in its entirety keeping answers brief. **All requests must be completed on this form**, which may be downloaded from the Chamber website **crosscountychamber.com**, or may be duplicated. If approved, you will be notified within 30 days of submittal.

1. Name of business or organization _____

2. Contact Person _____
3. Address: _____
4. Telephone: _____ Fax: _____
Email: _____
5. Brief description of project for which funding is requested

6. Total budget for project \$ _____ (must attach one-page budget)
7. Amount requested from the Chamber \$ _____
8. Has other funding been applied for? / ___/Y / ___/N (if yes, specify from where and amount) _____
9. If awarded a grant, I agree to submit a photograph or written report summarizing the results of the project within sixty (60) days of completion.

Print Name Signature

_____ (date)

Applications to be directed to:

Jan Hess, Sr. V.P. Business Operations
Cross County Chamber of Commerce
P.O. Box 234
Wynne, AR 72396
870-238-2601 FAX 870-238-7844
Email: jan@crosscountychamber.com

Approved: _____ Rejected: _____