**Green Area Chamber of Commerce COVID Community Support Fund Application**

Organization Name

Address

Website

EIN

Please upload a copy of your IRS 501(C)(3) determination letter if you have one.

Organization Contact Name

Organization Contact Email

Organization Contact Phone

Mission Statement Organization History Key Programs/Services

Project Information Project Title Applicant Contact/Project Person Name: Email Address: Phone:

Total Project Budget Total Organizational Budget Requested Amount Project Period

Have you previously spoken with a specific Foundation staff member regarding this submission?

In 50 words or less, please provide a Project Description (Need Statement, Implementation)

Describe the population being served by this program, and indicate the estimated number of individuals served.

What outcomes do you anticipate as a result of this program? How will you measure success?

How will funds from the Foundation be used?

Provide any other information not captured elsewhere regarding your organization, program, or project that you believe will help Foundation staff understand this proposal.