

Greater Mt. Airy Chamber of Commerce
Grant Application
August 2006

Organization name:

Date:

Address:

City, State, ZIP:

Contact Person:

Title:

Phone:

Person Responsible for the program:

Title:

Phone:

Total Organization Budget:

Program Budget:

Amount requested:

Name of Chamber Sponsor:

Phone:

Other Sources of Funding for the Proposed Program:

(Please list all other sources of funding that have been received or are being pursued for the proposed activity or program including the name of the source, amount received or requested, and use of funds)

Description of Program:

(Describe below the program for which funding is being requested. Include the purpose, need for support and number of beneficiaries, and use of funds)

Please mail this application to:
Finance Committee, Greater Mt Airy Chamber of Commerce, PO Box 741, Mount Airy, MD 21771