

GILLETT AREA CHAMBER OF COMMERCE FOREVER FUND GRANT

PO Box 333, Gillett, WI 54124
www.gillettchamber.com

For Grant committee use only

Score/Rank :

Amount :

Date :

Grant Application Form



ORGANIZATION INFORMATION

Name of Organization :

Phone : Date Of Application :
D D M M Y Y

Contact Person :

Mailing Address : Zip Code :

E-Mail : City :

Project Name : Amount Requesting :

Total Project Cost :



PROJECT DESCRIPTION:(SUPPORTING DOCUMENTATION MAY BE ATTACHED)

Geographical Area to be Served : Project Timeline:

The information in this statement is to obtain funding from GACC Forever Fund for the undersigned. The undersigned understands that the information provided herein is used in deciding grant funding, and the undersigned represents and warrants that the information provided is true and complete and that GACC Forever Fund may consider this statement as continuing to be true and correct until a written notice of the change is provided. GACC Forever Fund is authorized to make all inquiries necessary to verify the accuracy of the statements made herein. The undersigned also understands that GACC Forever Fund occasionally publishes grant recipients' names and photos and may use the information on this application to promote the program. As part of this process, the awardee will need to supply proof of cost of completed project.

Print Name of person submitting grant application: _____

Signature of person submitting grant application: _____ Date: _____