



Community Give Back Program Grant Application

Applications will be accepted throughout the year and awards will be granted as funds become available at the discretion of the Board of Directors for the Greater Warrensburg Area Chamber of Commerce & Visitors Center

Date of Request _____ Date Needed _____ Amount Requested \$ _____

Check payable to: _____

Address _____

City _____ State _____ Zip _____

Project Information

Project Name _____

Project Location _____ Address _____

Project Description: How does the program benefit the community? _____

If purchasing supplies/materials, will you use local businesses? Please explain. _____



Grant Information

Name of Project Coordinator _____

Address _____

Work # _____ Home # _____ E-mail _____

Non Profit Federal Tax ID # _____

How will the funding be used? _____

If there are any proceeds from this Project, how will they be used? _____

If you have additional information you would like to share this may be provided on the blank page below.

Signature of Project Coordinator _____ **Date** _____

**Greater Warrensburg Area Chamber of Commerce & Visitors Center
100 S. Holden St., Warrensburg, MO 64093
Attn: Tammy Long**

Office Use Only

Date paid _____ Amount \$ _____ Approved by _____

