



Pullman Chamber of Commerce

415 North Grand Avenue, Pullman WA 99163 * 509-334-3565 www.pullmanchamber.com

GRANT APPLICATION FOR CHAMBER COMMUNITY INVESTMENT FUNDS

AMOUNT of COMMUNITY INVESTMENT FUND REQUESTED \$ _____

Applicant: _____

Phone: _____

Event/Activity/Project Name: _____

Contact Name and Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Programs with missions that align with www.Pullman2040.org projects are the focus of the **Community Investment Funds** and include:

- Community & Identity
- Education & Learning
- Growth & Development
- Health & Safety
- Recreation & Environment

Which of the above categories would you classify your project under (Can be more than one)?

Other criteria that will be considered when evaluating the application: Projects that benefit the Pullman Community Long Term, Projects that enhance chamber visibility

Grant requests for the following will be excluded from consideration:

- Organizations seeking to influence elections or legislation
- Organizations which promote or practice discrimination
- Religious organizations, with the exception of food banks, shelters or disaster relief
- Organizational operational expenses (examples: Disposable Supplies, Salaries, Rent, Meals, travel)
- Organizational purposes/interests that fall outside of the City of Pullman
- Courtesy advertisement and Tourism related activities.

CERTIFICATION(S)

I am an authorized agent of the organization/agency/group/individual applying for funding. I understand that:

- I am/we are seeking funding for Pullman Community Investment related projects. If awarded, my organization intends to enter into an agreement with the Chamber and where applicable & available; provide liability insurance for the duration of the activity naming the Chamber as additional insured and in an amount determined by the Chamber; file for a permit to use City property; and purchase related goods and services, locally.
- The funding will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval.
- The Chamber will consider the funding or reimbursement of costs incurred by my organization/agency/group upon receipt of a signed Request for Reimbursement form (or other form acceptable to the Chamber) has been submitted to the Chamber, including copies of invoices.

Signature: _____ Date: _____

Printed or Typed Name: _____

- **Describe your Pullman Community activity, event, or project.**

- Describe the short-term & long-term impact it will have on the Pullman Community.

- Describe how you will promote the chamber during the Pullman Community related activity, event, or project.

- What is the overall budget for your event/activity/project? What percent of the budget are you requesting from Pullman Community Investment Fund?

- What will you cut from your proposal or do differently if full funding for your request is not available or recommended?

Application Instructions and Information

Application Deadline: The first Tuesday of the month.
Application Review & Response: The second Wednesday of the Month
Minimum & Maximum: \$250 - \$10,000

Submit completed application to:

Treasurer (CIF Grant Application) c/o
Pullman Chamber of Commerce
415 N Grand Ave
Pullman, WA 99163
Email: CIFGrantFunds@gmail.com

⇒ **You must complete and sign the cover sheet with this packet.**

⇒ **You may use additional paper if more space is needed.**

Attach:

1. Itemized budget for your event/activity/project (income and expenses).
2. Description and budget showing how you intend to use the amount requested from the Chamber.