Grayslake Chamber of Commerce
The New Wave of Business.

Small Business Grant Application

Business Information

Business Name: _____

Owner(s) Name(s): _____

Business Address: _____

Phone Number: _____ Email: _____

Website: _____ Social Media: _____

Type of Business/Industry: _____

Years in Business: _____ Number of Employees: _____

Are you a Grayslake Chamber of Commerce member? ☐ Yes ☐ No

Are you applying for a Hardship Assistance Grant? ☐ Yes ☐ No

Project Overview

What specific project or initiative will this grant fund? _____

_____

_____

_____

Total estimated cost of this project: $ _____

How much funding are you requesting? $ _____

Is this a time-sensitive request? ☐ Yes ☐ No Preferred completion date: _____

Have you secured other funding sources? If so, please specify: _____

_____

_____

_____

Tangible Benefits & Impact

How will this project positively impact the local community? _____

_____

_____

_____

How will this funding enhance the customer experience or reach? _____

_____

_____

_____

Does your business serve an underserved or at-risk population? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

_____

Submitted By (please print): _____

Sign: _____ Date: _____