



November 2018

Judy's Party – Building Community Grant Application Process

Please submit a cover letter outlining your organization and grant request, along with a copy of the attached grant application sheet. Please provide all information to ensure that the grant applications are judged accordingly. Please pay attention to service area, number of community members served and the longevity of the program.

All applications are due to the Chamber Office – 426 S. Water Street, Silverton, OR 97381 by 5:00 December 28th. The office may be closed, but there is a mail slot in the door.

All applications will be reviewed and scored. Grant awards will be selected by the Chamber Executive Committee and a member of Judy's Schmidt's family. Grant award recipients will be notified in early 2019. Funds will be disbursed in February of 2019.

Questions can be addressed to Stacy Palmer, Executive Director of the Silverton Chamber of Commerce at (503) 873-5615 or stacy@silvertonchamber.org

Thank you for your interest in making the Silverton-Mt. Angel Community a strong, vibrant place to live and work. We look forward to seeing your application.

Sincerely,

A handwritten signature in black ink that reads "Stacy Palmer".

Stacy Palmer
Executive Director

426 S Water Street • P.O. Box 257 • Silverton, OR 97381 • telephone: 503.873.5615 • fax: 503.873.7144

www.silvertonchamber.org • info@silvertonchamber.org



Silverton Chamber of Commerce
426 S. Water Street – Silverton, OR 97381
Phone: 503-873-5615 Email: Stacy@SilvertonChamber.org

GRANT APPLICATION

Name of Organization: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Telephone: _____ Email: _____

Please check the box that best describes your organization:

- | | |
|---|--|
| <input type="checkbox"/> Non- Profit – 501(c)(3) | <input type="checkbox"/> Group using another's Non-Profit Status |
| <input type="checkbox"/> Public School/Parent Group | <input type="checkbox"/> Community Group or Association |

Briefly describe the project or program to be funded:

Proposed start date: _____ Proposed end date: _____ Ongoing Project? YES or NO

Amount Requested: _____ Total Project Cost: _____ Other Funding: _____

Number served by program: _____ Service Area: _____

Other Comments: _____

Photos submitted: YES or NO

Submitted by: _____ Title: _____ Date: _____