



MICROGRANT APPLICATION FORM

Breckinridge County Chamber of Commerce
224 S Main Street Hardinsburg, KY 40143
(270) 756-0268 | breckcountychamber@bbtel.com
www.breckinridgecountychamber.com

TITLE OF PROJECT	
DOLLAR AMOUNT REQUESTED	
CONTACT PERSON INFORMATION	
Name: _____	Title: _____
Phone Number: _____	Email: _____
Address: _____	
City: _____	State: _____ Zip: _____
HAS YOUR GROUP RECEIVED FUNDING FROM THE CHAMBER OF COMMERCE IN THE PAST? (PLEASE CHECK ONE)	
_____ Yes _____ No If yes, please list the year: _____	
SHORT DESCRIPTION OF PROJECT	
ESTIMATED COST OF PROJECT	
ESTIMATED PROJECT COMPLETION DATE	

The undersigned certifies that: 1) they are authorization to represent the Organization applying for a grant, 2) the information contained in the application is accurate, 3) the grant will be used only for the purpose outlined above, 4) the Chamber of Commerce has received nothings of material value in exchange for the grant, 5) a picture of the finished project may be displayed on the Chamber of Commerce's website, and 6) the Applicant will publicly acknowledge the Chamber of Commerce's grant.

Signature of Project Representative Print Name/Title Date

Please email the completed application to breckcountychamber@bbtel.com for consideration.