



# LGBTQ Business Council Community Grant

## Purpose of the Community Grant

*To Increase support and services to members of the LGBTQ Community residing in the service area of the Greater Lehigh Valley Chamber of Commerce with the goal of elevating LGBTQ people and their cultural contributions, advancing their rights, and promoting their health, wellness, and safety.*

## Eligibility Requirements

- The applying organization must be a not-for-profit organization.
- An organization that receives an award cannot apply for another grant for a three (3) year period after receiving a grant.

## Application Requirements

The not-for-profit organization applying for the grant must provide the following information:

- Name of organization
- Documentation of not-for-profit status with the IRS, including Employer Identification number (**EIN**) or copy of the most recently filed IRS form, Form 990, 990-EZ, 990-N or 990-PF  
*(Please send with application)*
- Name and title of the organization's leader
- Name title, and contact of the contact person for this grant application
- Organization information: address, telephone number, web site URL
- Chamber membership status or statement indicating intent to join the Chamber
- Short description of the program to which the grant fund will be applied, including specific, measurable goals for the program achievements
- Within two months of the end of the grant period, the organization shall forward a written report providing information on the use of the grant funds and attainment of the program's measurable goals.
- Chamber member or willingness to join.

## Please check which file you'll be attaching with the application

- Employer Identification Number
- Most recent IRS form, 990, 990-EZ, 990-N or 990-PF

**Please complete ALL requested information on the application form to be considered for the community grant.**

**Your completed application must be postmarked by **March 31<sup>st</sup>, 2024****

Please mail the completed application to:

Brittany Keal

Vice President, Diversity Councils

Greater Lehigh Valley Chamber of Commerce

840 Hamilton Street, Suite 205 Allentown, PA 18101

610-295-9824 - Brittanyk@lehighvalleychamber.org

## Section A: Personal Information

Name of the organization \_\_\_\_\_

Name/Title of the organizations' leader \_\_\_\_\_

Name of the contact person \_\_\_\_\_

Website \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Organization Address:*

Street Address \_\_\_\_\_

County Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

**Please check the following information:**

1. How did you learn about these? *(Please check all that apply and indicate item location in box to the right)*

- Word Of Mouth
- Online Site: \_\_\_\_\_
- Flyer: \_\_\_\_\_
- Organization: \_\_\_\_\_
- Event: \_\_\_\_\_
- Other: \_\_\_\_\_
- E-NewsLetter: \_\_\_\_\_

3. Are you a Chamber member? \*

- YES
- NO

4. if no, do you have intention on joining?

- YES
- NO

**Section B: Short Description**

**Please provide a short description of the program to which the grant fund will be applied, including specific, measurable goals for the program achievements. \***

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