

LGBTQ Business  
Council



GREATER LEHIGH VALLEY CHAMBER OF COMMERCE

## 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.

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>, 2023**

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](mailto:brittanyk@lehighvalleychamber.org)



GREATER LEHIGH VALLEY CHAMBER OF COMMERCE

LGBTQ Business Council | 840 Hamilton Street, Suite 205 | Allentown, PA 18101  
Phone: (610) 295-9824 | Fax: (610) 437-4907 | Email: [brittanyk@lehighvalleychamber.org](mailto:brittanyk@lehighvalleychamber.org)

# Section A: Personal Information

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

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

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

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

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

Organization Address

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

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

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

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

**The following information marked (\*) will be used for demographic information and is optional for all scholarships.**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Word Of Mouth        | <input type="checkbox"/> Online Site: _____  |
| <input type="checkbox"/> Flyer: _____         | <input type="checkbox"/> Organization: _____ |
| <input type="checkbox"/> Event: _____         | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> E-News Letter: _____ |  |

3. Are you a Chamber member? \*

- YES  
 NO

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

- YES  
 NO

