

The Franklin Chamber Foundation builds economic vitality with partnerships, programs, education and community involvement whose purpose compliments the work of the Franklin Chamber of Commerce.

## **Small Business Capacity-Building Grant Application**

Incomplete applications will be considered ineligible

Due August 2, 2024

(please type or print)

Date of Grant Application (mm/dd/yyyy):			
	ORGANIZATION	INFORMATION	
Organization Name:			
Organization Address:			
City:	State:		Zip:
Contact Person:			
Website:		Email:	
Phone Number:		Fax Number:	
How long has your business been in op	eration?		
Number of <b>FULL-TIME</b> employees at th	e organization?		

PROJECT INFORMATION			
Project Name:			
Anticipated Start Date (mm/dd/yyyy):	Anticipated	End Date: (mm/dd/yyyy):	
Project is	(please sele	ect only one):	
□ New			Existing
Be sure to include informa	tion regarding o	ct (Limited to 500 words overall impact to your business, d and innovation (if applicable)	

FINANCIAL INFORMATION	
Amount requested from the Franklin Chamber Foundation (up to \$2,500):	\$
Estimated <b>total</b> cost of the project:	\$
Outline the complete budget for this particular project showing income and expenses:	
Other Funding Sources: Please list other funding sources.	
Sustainability: What are the plans for future funding of this project (if applicable)? Su	mmarize a specific plan for
project sustainability (Limited to 500 words).	

Please be sure your application is competed in its entirety. You may drop off or mail your application to:

Franklin Chamber of Commerce 120 E Jefferson Street Franklin, Indiana 46131

Or you may scan and email your application to <a href="mailto:franklincoc@franklincoc.org">franklincoc.org</a>

For eligibility, applications and all supporting documents must be received by August 2, 2024.

Please	read the following and sign:	
	I understand my application will be reviewed and scored by the Foundation Board of Directors, and representatives from the Fra Commerce, Discover Downtown Franklin and a member(s) of the	anklin Chamber of
	Development Commission.  I understand that the funds for the grant came from the Franklir Development Commission and therefor awarded to Franklin Ind	
	for-profit organizations.  I have attached letter(s) of support from community members r need and/or the organizations involvement in the community.	egarding community
	I have attached other relevant information that may enhance m I understand the project must be completed 12 months after red I understand I will be <b>required</b> to submit an impact statement we receipt of funds to the Franklin Chamber Foundation that will be Franklin Economic Development Commission.	ceipt of funds. Tithin 12 months of
Signati	ure	Date

## **Evaluation Criteria for Capacity-Building Grants**

## For use by the review committee

Criteria	Points Available	Score
<b>Business Longevity</b>		
0-1 year	0	
1-3 years	2	
3-5 years	3	
5-10 years	4	
10+ years	5	
Overall Impact to the Business	1-10	
Sustainability Plan	1-10	
Community Involvement	1-10	
Letter(s) of Support	1-5	
Community Need	1-5	
Innovative Idea	1-5	
TOTAL POINTS AVAILABLE	50	

Has the business applied previously?
If the business has applied previously, is this a new project?
If the business has applied previously, has a letter of impact been
received?