



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

Young Entrepreneur Grant Application

Incomplete applications will be considered ineligible

(please type or print)

Date of Grant Application (mm/dd/yyyy):		
GENERAL INFORMATION		
Name:		
Date of Birth:		
Address:		
City:	State:	Zip:
Email:		
Phone Number:		
Parent/Guardian Name:		
Parent/ Guardian Adress (if different than above):		
Parent/Guardian Email:		
Parent/Guardian Phone Number:		

BUSINESS INFORMATION

Business/Project Name:

Business/Project is (please select only one):

New

Existing

**Summary of the proposed business/project
(Limited to 500 words)**

Be sure to include information regarding overall impact to your business,
community involvement, community need and innovation (if applicable)

FINANCIAL INFORMATION

Amount requested from the Franklin Chamber Foundation (up to \$500):

\$

Estimated **total** cost of the business/project:

\$

Outline the complete budget for this business/project showing income and expenses:

Other Funding Sources: Please list other funding sources.

Sustainability: What are the plans for future funding (if applicable)? Summarize a specific plan for sustainability (Limited to 500 words).

Please be sure your application is completed 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 franklincoc@franklincoc.org

For eligibility, applications and all supporting documents must be received by August 5, 2024.

Please read the following and sign:

- We understand the applicant and all principal parties applying for this grant are less than 18 years of age.
- We understand the grant will be awarded to businesses/projects located in Johnson County.
- We understand the completed application will be reviewed and scored by the Franklin Chamber Foundation Board of Directors, and representatives from the Franklin Chamber of Commerce.
- We have attached letter(s) of support from community members/leaders.
- We have attached other relevant information that may enhance the application.
- We agree for media outlets and the Greater Franklin Chamber of Commerce and Franklin Chamber Foundation to use my name and likeness/my child's name and likeness in promotion of the program.
- We understand the recipient will be **required** to submit an impact statement within 12 months of receipt of funds to the Franklin Chamber Foundation.

Signature

Date

Parent/Guardian Signature

Date