



AMHERST CHAMBER OF COMMERCE  
SMALL BUSINESS GRANT PROGRAM

# Business Development Grant Application

## Business Information

<b>Business Name:</b>		<b>Date of Application:</b>	
<b>Business Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Business Telephone Number:</b>		<b>Business Fax Number:</b>	
<b>Email Address:</b>		<b>Website:</b>	
<b>Date Business Founded:</b>		<b>Date Business Joined ACC:</b>	

## Contact Information

<b>Contact Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Middle Initial:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>Cell Number:</b>
<b>Email Address:</b>		<b>Website:</b>



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## Statement of Need

What is the amount you are requesting?

What is your goal?

What methods are you using to obtain your goal?

If awarded the ACC grant, how will you use the funds?



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## Background Information

What is your organization's mission?

Please give a brief history of your organization:

Please list any major accomplishments:

**\*Please include current copies of your business plan & financial statements.\***  
**\*Current criteria is subject to change.\***

## For Office Use Only:

- Approved
- Denied
- Additional Info Required

**Notes:**