



Marshalltown Area Chamber of Commerce Small Business Grant Program

Through a generous contribution from the Community Foundation of Marshall County, the Marshalltown Area Chamber of Commerce is offering mini-grants to small business members (25 employees or less) to assist in additional expenditures related to personal protection equipment (PPE) such as masks, gloves, and hand sanitizer for employees and customers.

In order to qualify, you must:

- Be a member of the Marshalltown Area Chamber of Commerce in good standing
- Have 25 or fewer employees
- Have expensed or plan to expend funds for PPE for work-related use for staff or customers. These expenses must be different from "normal" expenditures you have for your business procedures.
- Provide proof of purchase (receipt or purchase order), dated 4/1/20 or later

Up to \$200 will be distributed to members until funds are depleted. Grant funds will be dispersed as quickly as possible to qualified applicants.

Business name: _____ Contact name: _____

Address: _____

Phone number: _____ Email address: _____

Requested reimbursement amount: _____

Purpose of PPE for your organization: _____

Reimbursement covers the following items:

Masks Gloves Hand Sanitizer Other (please specify) _____

Please scan or attached proof of purchase (receipt or purchase order) for qualified expenses.

Applicant Organization Approval: We approve submission of this grant request and the information contained in this application is accurate. We certify that monies received from the Chamber will be used solely for the purpose of purchase or reimbursement for personal protection equipment (PPE). We understand that the decision of the Chamber is solely the decision of the organization and that their decision is final.

Organization Highest Authorized Individual:

Signature

Printed Name

Date

Please return application and **proof of purchase** to Lynn Olberding (lolberding@marshalltown.org) or mail to the Chamber office (PO Box 1000, Marshalltown, IA 50158)

For Chamber office use only

Date received: _____

Date reviewed: _____

Approved/Denied