Fairlawn
Area Chamber of Commerce

Date _____

Organization Name _____

Address _____

Contact Person _____ Title_____

Phone _____ Email _____

Non-Profit Tax ID # _____

Project Title _____

Amount Requested _____ Project Budget Amount _____

Annual Budget of Organization _____

Specific Purpose of Project/Request_____

Services provided by your agency, County/City of clients served, and number served:

_____

Who specifically will the project impact? _____

FACC committees that you have served on and when:

_____

_____

_____

Requests due by October 2, 2026

Please submit your request to:

Fairlawn Area Chamber of Commerce
Attn: Missy McWhorter
P.O. Box 13388
Fairlawn, OH 44334
info@fairlawnareachamber.org