

**ALLIANCE OF HAZARDOUS MATERIALS PROFESSIONALS  
CHICAGO CHAPTER  
CHMMunity Grant Request**

**CHMMunity Grant Program**

Objective

AHMP' vision is to maximize our community, voice, knowledge exchange, and management support of hazardous materials professionals, making our world safer and healthier. The objective of the CHMMunity Grant Program is to embody the AHMP vision locally by supporting our members and community projects, purchases, or activities that are aligned with this vision. The Program provides financial grants to local organizations whose activities are related to hazardous materials or hazardous materials professionals.

The number of Grants awarded and the amount of those Grants may vary from year to year, depending on the merit of the funding request and available funds. However, most grants awarded will be in the range of \$100 to \$2000.

How to be Considered for a CHMMunity Grant

All organizations wishing to be considered for a CHMMunity Grant must first obtain a sponsor who is a current member in good standing of the AHMP Chicago Chapter. Next, the Grant Request form must be completed fully and submitted to the CHMMunity Review Committee by the Member Sponsor for consideration.

The Grant Review Process

Requests will be reviewed as received. If needed, the Committee will request additional information from the Member Sponsor or the Requester Contact.

Once the Committee has met and is ready to make a recommendation, the Committee will report their recommendation to the Board of Directors at the monthly board meeting. Based on this timing, the timing between request and decision on a grant request will typically be 60-90 days from the time a complete grant request form is received.

The Board of Directors will review and approve or reject each request based on the recommendation of the CHMMunity Review Committee.

The Board of Directors will notify the applicant of their decision to fund or not to fund a project. The form for the request can be accessed from the Chapter website at: [www.ahmpchicago.org](http://www.ahmpchicago.org)

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<b>MEMBER SPONSOR SUBMITTING REQUEST</b>	
<b>Member Name:</b>	
<b>Member Email:</b>	
<b>Member Telephone:</b>	
<b>REQUESTER CONTACT INFORMATION (Person who AHMP could contact for more details)</b>	
<b>Requester Name &amp; Title:</b>	
<b>Requester Employer:</b>	
<b>Requester Email:</b>	
<b>Requester Telephone:</b>	
<b>WHAT THE GRANT FUNDS WILL BE USED FOR, if awarded</b>	
<b>Short Name:</b>	
<b>Location where funds will be used:</b>	
<b>Name &amp; Address of organization receiving funds, if awarded:</b>	
<b>Organization Type:</b>	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other If non-profit, enter type of non-profit: _____
<b>DESCRIPTION of project, purchase or activity</b> (Please list: expected benefits of receiving the grant; affected communities/participants; whether this is a one-time or ongoing expense; and anything else you think will be useful to the CHMMunity Committee in deciding on the Grant Request. Information may be attached if more details are needed or if existing documents would help to describe.)	
<b>Total Cost: \$</b>	<b>CHMMunity Grant Amount Requested: \$</b>
<b>Has this organization received CHMMunity Funding Previously?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe any potential conflicts of interest such as personal or business relationships related to the request for funding:	

Please provide any additional information in order to support the approval of the request in a cover letter or attachment.

Member Sponsor Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_