

**ALLIANCE OF HAZARDOUS MATERIALS PROFESSIONALS
CHICAGO CHAPTER
CHMMunity GRANT REQUEST**

MEMBER SPONSOR SUBMITTING REQUEST	
Name:	
Email:	
Telephone:	
REQUESTER CONTACT (Person AHMP should contact for more details.)	
Name and Title:	
Employer:	
Email:	Telephone:
USE OF GRANT FUNDS, if awarded	
Brief Name:	
Location funds will be used:	
Name & Address of organization receiving funds, if awarded:	
<p>DESCRIPTION (Please include: expected benefits of receiving the grant; affected communities or participants; whether it is a one-time or continuing expense; and any other details that may be useful to the CHMMunity Committee in making their decision.):</p>	
Is the organization being funded a not-for-profit organization? If so, what type?	
Total Cost \$	CHMMunity Grant Amount Requested \$
Is this the original request or a repeat request for funding? Was funding previously granted or denied?	
Briefly describe any potential conflicts of interest such as personal or business relationships related to the request for funding:	

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

Member Sponsor Name (printed) _____

Signature _____ Date _____