



Benevolence/Grant Request Application

Requesting Organization Name	
<input type="checkbox"/> Yes <input type="checkbox"/> No	This organization is a 501(c)(3) nonprofit organization.
Contact Name	
Phone Number	
Email	
Date of Event	
Date Funds Needed	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to report event outcomes to the OACC board withing 30 days of completion.

Describe the project or event your organization will be doing?

How will this project/event positively impact the Oakdale area community?

What is the benefit to the OACC?

How much money or other support (volunteers as an example) are you requesting?

Signature	Date

Submit this form to info@oakdaleareachamber.org or the OACC Community Care Committee Chair.

For office use only (doc version 12/17/2021)

Date Submitted:	
Received By:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	This organization is a member in good standing of the Oakdale Area Chamber of Commerce.