



# 2019 Volunteer Grant Program Application

**Festival Dates and Operating Hours: Saturday, September 14, Noon–10 PM; Sunday, September 15, 11 AM–8 PM**  
**Festival Location: 100 W. Main St., Cary      Festival Website: [www.CaryMainStreetFest.com](http://www.CaryMainStreetFest.com)**

Submit forms to Lynn Caccavallo, Cary-Grove Area Chamber of Commerce via email: [Lynn@carygrovechamber.com](mailto:Lynn@carygrovechamber.com) or via mail to Cary-Grove Area Chamber of Commerce, 445 Park Ave., Cary, IL 60013. Shifts are assigned on a first-come, first-served basis, so please submit at your earliest convenience.

Applicants must provide all requested information. To participate in the program and qualify for a cash grant, your nonprofit organization must be located in the Village of Cary or primarily serve the Cary community.

Applicants may select a maximum of 2 shifts to fill, provided that the shifts are still available when the committee receives this form. Applications received will be processed and shifts assigned in order that they are received by the Chamber.

## ORGANIZATION CONTACT INFORMATION (Please type or print legibly)

Organization \_\_\_\_\_

Official Contact (President, Chairman, Executive Director, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Grant check made payable to (if different from above) \_\_\_\_\_

501(c)3 Number \_\_\_\_\_ Cary-Grove Area Chamber of Commerce Member  Yes  No

## VOLUNTEER COORDINATOR CONTACT INFORMATION

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Email Address (required) \_\_\_\_\_

## ABOUT THE ORGANIZATION

What year was the organization founded? \_\_\_\_\_

Has your organization previously participated in the Cary Main Street Fest Grant Program?  Yes  No

Specifically describe how the organization intends to utilize the cash grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Over)

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## HOW THE ORGANIZATION CAN PARTICIPATE

What is the estimated number of adult volunteers (over 21) that your organization can commit? \_\_\_\_\_

What is the estimated number of youth volunteers (under 21) that your organization can commit? \_\_\_\_\_

Of the six (6) available shifts, please choose which time slot(s) are preferred and can be filled with 30 volunteers (a maximum of two (2) shifts are allowed per organization).

### SHIFT INFORMATION

#### Saturday, September 14

**GATE**

**BEVERAGE**

**TICKET BOOTH**

**FAMILY AREA**

**Saturday Early**

**(1)** 11:15 AM–3:00 PM

**(4)** 11:30 AM–3:00 PM

**(7)** 11:15 AM–3:15 PM

**(10)** 11:30 AM–3:00 PM

**Saturday Mid**

**(2)** 2:30–6:30 PM

**(5)** 2:45–6:45 PM

**(8)** 2:45–6:45 PM

**(11)** 2:30–6:30 PM

**Saturday Late**

**(3)** 6:00–10:00 PM

**(6)** 6:30–10:30 PM

**(9)** 6:15–10:15 PM

**(12)** 6:00–10:00 PM

#### Sunday, September 15

**GATE**

**BEVERAGE**

**TICKET BOOTH**

**FAMILY AREA**

**Sunday Early**

**(13)** 10:15 AM–2:00 PM

**(16)** 10:30 AM–2:00 PM

**(19)** 10:15 AM–2:15 PM

**(22)** 10:30 AM–1:45 PM

**Sunday Mid**

**(14)** 1:30–5:30 PM

**(17)** 1:45–5:45 PM

**(20)** 1:45–5:45 PM

**(23)** 1:30–4:45 PM

**Sunday Late**

**(15)** 5:00–8:00 PM

**(18)** 5:30–8:30 PM

**(21)** 5:15–8:15 PM

**(24)** 4:30–7:45 PM

In the event that your preferred shift selection(s) is already taken, please rank the following shift choices from most (1) to least (6) favorable, or leave blank any shifts you do not want.

\_\_\_\_ Saturday Early Shift

\_\_\_\_ Saturday Mid Shift

\_\_\_\_ Saturday Late Shift

\_\_\_\_ Sunday Early Shift

\_\_\_\_ Sunday Mid Shift

\_\_\_\_ Sunday Late Shift

Completed by (printed name) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_