



## Opportunity Funds

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Applications are available for members with a project that is in need of a little funding. Due to unexpected revenue increases in the motel tax (years 2018), the Chamber is opening an opportunity funds program for membership project and ideas that best match our Chamber goals and priorities:

- Improve local, regional tourism through marketing, advertising, etc.
- Support programming that will strengthen community engagement
- Aid projects that will improve program/capacity of business, non-profit or group

### Timeline and process:

An application is available in a Word document format upon request. Applications must be submitted by email with attachments no later than **5 PM, November 15, 2019** to [info@wallowacounty.org](mailto:info@wallowacounty.org).

Applications will be reviewed by a committee of board members and approved by the board. Funding recipients will be announced in mid-December.

Depending on your project requests can range from \$500-\$3,000.

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**Application Questions:** (attach responses to the questions with your budget)

Summary of Project (limit questions to 1-4 sentences):

Request amount: \_\_\_\_\_ Total Budget: \_\_\_\_\_

Project Date Beginning: \_\_\_\_\_ Project Date End: \_\_\_\_\_

### Summary of Business or Organization

Summarize your business or organization's programs and activities.

### Significance of project and how it matches the goals of the Chamber

Explain the significance of this project and how it will increase community or business benefits in Wallowa County.

### Quality of Project

Describe the quality of the project- its scope, time, use of costs, and link to strategic objectives of the organization.

### Community Impact and Public Benefit

Describe the change that will result from this project within the project period. What type of community impact will there be?

### Organization or Business Project Management

Identify the qualifications and effectiveness of professional staff, volunteers, and board to support your project, programming and services; Ability to plan and evaluate progress; and evidence of effective financial management and health, including maintaining appropriate budgets and the ability to address financial challenges.

# Budget Form

<b>Budgeted Income:</b>	<b>Project Budget</b>	<b>Organization Budget</b>
Funds requested		
Other requests		
Earned Revenue		
Sponsorships/Donations		
Events		
In-kind		
Totals		

<b>Expenses:</b>	<b>Project Budget</b>	<b>Requested Chamber funds</b>
Administration		
Contracted Services		
Project Expenses		
Repairs, maintenance, equipment upgrades		
Advertising		
Special Events		
Travel expenses		
Other:		
Totals		

*Signature and Contact Information Required*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Submit Application by email to [info@wallowacounty.org](mailto:info@wallowacounty.org) by 5 PM November 15, 2019  
For further information contact Vicki Searles, 541 426-4622 or [vicki@wallowacounty.org](mailto:vicki@wallowacounty.org)**