

Oro Valley Chamber Foundation Community Impact Grants

The **Oro Valley Chamber of Commerce Foundation** is accepting applications for **1-time mission-** and **program-related grants** to **qualifying nonprofit organizations**.

The Greater Oro Valley Chamber of Commerce Foundation is a **501(c)(3)** nonprofit organization raising and distributing funds to support Xin and around Oro Valley. This year's grant cycle will **focus on organizations that are addressing basic needs** in the community.

Community grants are intended for nonprofit organizations making a positive impact in our communities.

We will accept proposals that benefit and support **basic needs in the greater community**. **Eight \$5,000 grants will be awarded.**

Applicants must have **501(c)(3) status** with the Internal Revenue Service and provide a **federal EIN number**.

Priority is given to resident operations **within Southern Arizona** and in the greater Oro Valley area, to include, but not be limited to, **Oro Valley, Marana, Catalina, Oracle, San Manuel, unincorporated Pima County** and **Tucson**.

Membership with the Oro Valley Chamber is not required, though priority will be given to members in good standing. If selected and not already a member, we'll include a one-year Chamber membership to help you stay connected and supported.

We are accepting applications **until September 18, 2026**. Awards are to be determined, and made, **after October 18, 2026**.

Applications must be addressed to the **Oro Valley Chamber Foundation Community Impact Grants Committee, 1822 Innovation Park Drive, Oro Valley, AZ, 85755**, or by email as an attachment to **Helen Gomez, helen@ovchamberfoundation.org**
Applications must be received by the close of business **Friday, September 18, 2026**.

Organization Name: _____

Federal EIN number: _____

Address: _____

City / Town: _____ Zip Code: _____

Contact person: _____

Phone: _____ Cell phone: _____

Email: _____

The application must include **ALL** of the following information and supporting documents:

1. A **typed essay** about your organization. Tell us your 1-page story. Who are your leaders, your staff members, and your board members? Why do you exist? Who do you serve? What are your challenges? **Please limit it to 1 page.**
2. A **1-page statement** identifying your request, including an itemized budget for the project clearly stating the amount of your request, how you would use the money, and how it would help move your organization forward. Include whether you would accept partial funding and how it would be used. **Please limit it to 1 page.**
3. A copy of your **YTD financial statements**, and your **current annual budget**.

All information on this application shall be kept confidential. **Please do not submit collateral or promotional materials.**

Funds must be spent within 12 months of receipt. When funds are spent, we request **a report on how you spent the money**, and the **benefit it provided**.



CONNECTIONS
COMMUNITY
COLLABORATION

1822 E. INNOVATION PARK DR.
ORO VALLEY, AZ 85755
520.297.2191
OROVALLEYCHAMBER.COM

We **do not fund** political organizations nor their activities, religious denominations, for-profit organizations or their activities.