

Go Redmond Grant Application



GENERAL INFORMATION			
Company name		Date	
Primary business at this location			
Total number of employees at this location			
Contact person		Title	
Phone	Fax	Email	
Address		City	Zip
Project lead (if different from above)		Title	
Phone	Fax	Email	
Address		City	Zip
PROJECT DESCRIPTION			
What will be implemented or purchased?			
Do you currently offer a commute reduction program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain how this grant will enhance your current program.			
BUDGET			
Total request: \$			
Company match		Total project budget	
How will you determine the success of your program? Check all that apply			
Number of new: <input type="checkbox"/> vanpoolers <input type="checkbox"/> carpoolers <input type="checkbox"/> bus riders <input type="checkbox"/> bicyclists <input type="checkbox"/> walkers			
<input type="checkbox"/> number of program participants <input type="checkbox"/> cost-effectiveness <input type="checkbox"/> number of commute trips reduced <input type="checkbox"/> Other			
What resources have you identified to continue the program, if successful?			
SIGNATURE OF CEO OR HIGHEST RANKING OFFICIAL			
Signature		Title	
Print name		Date	

→ GoRedmond.com/Grants

Submit completed application to support@goredmond.org