

**INLAND
NORTHWEST
BROADCASTING**

INLAND NORTHWEST BROADCASTING
P.O. BOX 8849
MOSCOW, ID 83843
208-882-2551



Community Partnership Grants

Supporting local community events
through broadcasting

Community Partnership Grants support local organizations by promoting community **events** through radio broadcasting. Organizations that qualify for consideration: IRS designated 501c3 organizations, public schools, and local government agencies. Funded programs are awarded with custom marketing programs, schedules are determined based on the unique needs of the organization and event. Schedules will not exceed one-month in length or a value of \$6,000.

Organizations can complete the attached application form and submit it to grants@inlandradio.com. The grant evaluation committee awards funding to one or more organizations per month. Grants are selected and applicants are alerted bi-monthly. A minimum of 12 grants are awarded annually; organizations appointed with a Community Partnership Grant qualify for funding **once** within the 12 month granting period. Your application will NOT be accepted if received after the application deadline.

2025 grant recipients receive funding according
to the following application deadlines:

Advertising Request Period	Application Deadline
February 1 – March 31	January 3
April 1 – May 31	March 7
June 1 – July 31	May 2
August 1 – September 30	July 4
October 1 – November 30	September 5
December 1 – January 31, 2026	November 7

For more information, contact
Jon Carson at 208-882-2551 or e-mail
grants@inlandradio.com

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Please classify your organization:

- ☐ IRS Designated 501c3 Organization **501c3 #:** _____
Non-profits applicants with omitted 501c3 #'s will not be considered
- ☐ Public School ☐ Local Government Agency

Organization Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Who makes advertising decisions for your organization? _____

Contact Phone: _____ Contact E-Mail: _____

What service does your organization provide to the community? _____

_____.

Specifically describe the **event** you plan to promote through the Community Partnership Grant. Please use additional pages if necessary: _____

_____.

Event Date: _____ **Event Location:** _____

How does your event enhance and benefit our local community? _____

_____.

Preferred partnership grant month: _____

Please provide up to three pages of additional information about your organization and programs. This information helps inform our committee about the important work you do. Grants may be returned via e-mail to grants@inlandradio.com or to Inland Northwest Broadcasting, attn: Grants, P.O. Box 8849, Moscow, ID 83843.

Organization Representative:

Signed: _____ Printed: _____ Date: _____

Enhance community presence
with the power of radio.