CITY OF DENISON TOURISM BOARD **GRANT FUNDING APPLICATION**



PLEASE PRINT OR TYPE TO FIT THE SPACES PROVIDED AND RETURN TO CITY HALL.

Tourism board meetings are usually the 3rd Tuesday of the month at noon in Council Chambers at City Hall. Application deadlines are March 31, June 30, September 30, and December 31.

GENERAL INFORMATION

Organization Name			
Is the organization a 501(c)(3) organization? \Box	No □ Yes To	ax ID	
AddressStreet		State	
Home Phone (incl area code)	Cell Ph	none (incl area code)	
Contact Person		Title	
E-mail address:			
Have you submitted a Tourism Grant request to t	he Tourism Boa	rd before? 🗆 No 🕒 Yes-	When?
Have you received a Tourism Grant from the Tou	ırism Board befo	ore? 🗆 No 🕒 Yes – answe	r questions below
If so, when? Wha	t amount?		
EVI	ENT / PROJI	ECT	
Check one? Event Project Other			
Name of Event or Project			
Date(s) of Event	Completion Date		
Has this Event/Project been funded with a Tourisr	m Grant before	? □ No □ Yes – When?	
Please estimate the following. Final numbers will	be expected a	t the completion of the ever	nt / project.
Estimated attendance: Local (Crawford Coun	nty)	Out-of-town	
If a competition or sporting event, how many ted	ams will be part	icipating?>	
Expected number of hotel/motel/B&B/lodging ro	ooms		
Anticipated number of nights being booked by v	visitors for the e	vent	

Please attach a one-page detailed description of your event/project. Include the following:

- List any community partnerships that will assist in your event/project.
- Describe how your event/project will help increase and encourage tourism to Denison.
- Include how your event/project may also help increase hotel/motel/B&B/lodging stays.

Funding / Budget

If more lines are needed, please use an additional paper.	
Please list all funding sources for this event/project. Include the applying on the first line. (Tourism Grant funds can not exceed	
Source	Amount
TOURISM GRANT	
	<u>\$</u>
	<u>\$</u>
Total	<u>\$</u>
Please list the expenses for this event/project. Please mark the	expenses for which the Grant will help pay.
Grant? Vendor (if possible) / Description	Amount
	<u>\$</u>
	<u>\$</u>
- <u></u> <u></u> -	
Total	<u>\$</u>
ACKNOWLEDG	
Please read each section carefully, initial each section, then s	ign and date below.
I have read and understand the tourism grant guidelin procedures set forth in said guidelines. All information of	
I understand that grant funds must be used for expense place within 12 months of the Grant award. I understar reimbursement to receive any funds within sixty (60) do	nd that I must submit copies of paid invoices for
I also understand that I or another representative of thi the Tourism Board on the success of the event/project the funds awarded were used.	
Organizations do not submit any funding requests, and to the Tourism Board following the completion of applications for funding for a total of 5 (five) years.	

Title

Signature of applicant

Date Signed