

Please e-mail the completed grant application to info@conversecountytourism.com
Please review and comply with the CCTPB Grant Funding Procedures

AMOUNT REQUESTED TODAY'S DATE

EVENT NAME

EVENT DATE

EVENT LOCATION

HOST ORGANIZATION

TYPE OF NON-PROFIT

(ATTACH CERTIFICATE OF GOOD STANDING)

EVENT DIRECTOR PHONE

EMAIL

DESCRIBE THE ORGANIZATION - MISSION

DESCRIBE THE EVENT

HOW WILL FUNDS BE UTILIZED (CAN ATTACH A BUDGET SPREADSHEET)

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IS THIS AN ANNUAL EVENT --- YES

NO

COMMENT

ESTIMATED NUMBER OF ATTENDEES

PRIOR YEARS ATTENDANCE
(IF APPLICABLE)

WHERE WILL ATTENDEES TRAVEL FROM

ESTIMATED NUMBER OF HOTEL ROOMS

MAILING ADDRESS OF APPLICANT

EXPECTED ECONOMIC IMPACT TO CONVERSE COUNTY

Received Date _____(to be completed by (CCTPB))